

S. No. 2
M-5-43
7. 5-17-39
I X36671

State File No. _____

FILED JAN 10 1948

Registration District No. 11

Primary Registration District No. 3012

Registrar's No. 203

1. PLACE OF DEATH

(a) County Clay
(b) City or town Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Excelsior Springs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Bertha Jane O'Dell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 18 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 4 3 hr. min.

9. Birthplace Orrick Mo. G.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name David Jackson O'Dell

13. Birthplace Orrick Mo. G.
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Larwater

15. Birthplace Orrick Mo. G.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roberta O'Dell

(b) Address Orrick, Mo.

17. (a) burial (b) Date thereof 12-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O'Dell Cemetery

18. (a) Signature of funeral director Thos. J. Carter

(b) Address Richmond, Mo.

19. (a) 12/23/47 (b) Caroline Ditchens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89
(c) City or town Orrick 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1947 hour 7:40 minute _____ A. M.

21. I hereby certify that I attended the deceased from Dec 15 - 1947 to Dec 21 - 1947
that I last saw her alive on Dec 21 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Due to _____

Due to arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations AK

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or Gen. Pract.) [Signature]
Address Richmond _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-8-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed James A. Moles
Licensed Embalmer No. 3296
P. O. Address Ex Springs Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.