

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26517

State File No. _____

3015

Registration District No. 149

Primary Registration District No. 1007

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community _____
years, months or days) 1 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
Johnson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4730 Grace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINTED FULL NAME Walter E. Odell

3. (b) If veteran, name war None
3. (c) Social Security No. 110-07-6883

4. Sex Male 5. Color or race Wh
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife 70 years
7. Birth date of deceased August 27 1890
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 25
If less than one day _____ hr. _____ min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

12. Name Theodore H. Odell

13. Birthplace Indianapolis Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Sade

15. Birthplace Troy Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore H. Odell

(b) Address 4730 Grace Kansas City Mo

17. (a) Burial (b) Date thereof 7-24-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cornith-Overland Park Kans.

18. (a) Signature of funeral director W. Perry Hoge

(b) Address Overland Park Kansas

19. (a) 7-23-48 (b) Seraldine Adams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22 day July
year 1948 hour 6 minute 30 A M.

21. I hereby certify that I attended the deceased from June 10, 1948, to July 22, 1948;
that I last saw him alive on July 21, 1948;
and that death occurred on the date and place stated above.

Immediate cause of death Septic embolism of lobes pneumonia Duration _____

Due to Carcinoma of lungs unknown

Due to Tuberculosis Pulmonary bilateral

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

Major findings: 138
Of operations _____

Of autopsy see above
Septic degeneration of findings

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?
(Specify type of place) _____

While at work? _____ (a) Means of injury _____

23. Signature Harold W. Boring (M. D. or other) DO

Address 4150 Rainbow Blvd Date signed 7-23-48

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

9119
140.2

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statelily.

(Specify type of place)

Date signed 7-23-48

A.C. News

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 *J. Royce Hoge*
Licensed Embalmer No. *3579*
P. O. Address *Overland Park, 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.