

1. PLACE OF DEATH:

(a) County Lafayette " Jur"  
(b) City or town Rural Sub-a-bas  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5 Mile S.E. Odessa  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 37 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 Miles S.E. Odessa  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 18  
year 1948 hour 12 minute 30A M.  
21. I hereby certify that I attended the deceased from 9-18-48  
to 9-18-48  
that I last saw her alive on 9-17-48  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
left hemisphere  
Due to Hypertension and  
arterio-sclerosis  
Duration \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy no 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) no  
(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 1

23. Signature W.B. Martin (M. D. or other)  
Address Odessa Mo Date signed 9/18/48

3. (a) PRINT FULL NAME Jennie Lee Dyer  
(b) If veteran, name war NONE  
(c) Social Security No. NONE

4. Sex Female 5. Color or race Wht  
6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased: June 21 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Johnson Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name H.H. Cheatham

13. Birthplace Unknown KY  
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Brown

15. Birthplace Lafayette Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eugene Harrison  
(b) Address Odessa, Missouri

17. (a) Burial (b) Date there Sept 20 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cem

18. (a) Signature of funeral director Blumstein  
(b) Address Odessa Mo

19. Sept 20 48 (Date received local registrar)  
(Registrar's signature) 152

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

MOTHER FATHER

