

Registration District No. 744

Primary Registration District No. 5976B

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Ray County  
 (b) City or town North & West of Richmond  
 (If outside city or town limits, write "RURAL" and name of township)  
Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
 In this community 66 years, 3 month, 23 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
 (c) City or town Richmond, Mo. "Rural"  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Aaron Andrew O'Ball 340

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 495-07-1297

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Fannie Bell Brizendine 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 9, 1874  
 (Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation farmer

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

MOTHER, FATHER { 12. Name David O'Dell  
 13. Birthplace Ray County, Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Martha Smart  
 15. Birthplace Ray County, Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. G. Gaines  
 (b) Address Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) New Garden Cemetery (b) Date thereof June 2, 1940  
 (Month) (Day) (Year)

18. (a) Signature of funeral director W. G. Gaines  
 (b) Address Richmond, Mo.

19. (a) June 1-40 (b) Malcol Jackson  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1  
 year 1940 hour 1 minute 05 AM

21. I hereby certify that I attended the deceased from May 23, 1940 to June 1, 1940, that I last saw him alive on May 31, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cysto-Nephritis

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

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature W. G. Gaines (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 Address Richmond, Mo. Date signed 6-1-40

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed  
6-14-48

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**