FILED AUG 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26109

Registration District No. 743 Primary Registration District No. 5970 Registrar's No.

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Rural Orrick (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x
In this community All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray
(c) City or town Orrick Rural (If outside city or town limits, write "RURAL")
(d) Street No. 4 miles North (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME ALbert FrankLin O'DELL
3. (b) If veteran, name war x
3. (c) Social Security No. x

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 6 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
67	10	21	hr. min.

9. Birthplace Ray Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business x
FATHER 12. Name Benjamin F O'Dell
13. Birthplace Ray Co (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Clarinda Popejoy
15. Birthplace Ray Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant's own signature Mary J O'Dell
(b) Address Orrick Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation South Point Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Orrick Mo
19. (a) 8/28/40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1940 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 1, 1940 to July 27, 1940; that I last saw him alive on July 26, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Carcinoma Intestinal, Lungs, bladder	
Due to Primary Ca of Pancreas	
Due to	
Other conditions Arteriosclerosis (marked) (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy Primary Ca of Pancreas with generalized metastases	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] Campbell (M. D. or other) M.D.
Address Orrick, Mo Date signed 7/27/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
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.

1 X19511

RECEIVED
District Health Officer No. 8,
District File Number 8-16-70
Date Filed .....

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 E. A. Gibson

Licensed Embalmer No. 4137

P. O. Address Orick, 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, above space should be left blank.