

S. No. 2
M-5-43
5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14683

State File No. _____

FILED MAY 8 1947

Registration District No. 277

Primary Registration District No. 0020

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural Crooker River Twn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 mile East Rayville /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 71 years
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mile East Rayville
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Aron (n) O'Dell

(b) If veteran, None name war _____

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 28 year 1947 hour 2:30 minute AM M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife May Phillips 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Feb. 10, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 19 1947 to Apr 28 1947
that I last saw him alive on April 26 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 2 Days 18 If less than one day hr. min.

Immediate cause of death Acute Dilatation Duration _____

Due to Prostatic Hypertrophy

Due to arterio-sclerosis

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

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

10. Usual occupation Farmer

11. Industry or business Lafayette O'Dell

12. Name _____

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

14. Maiden name Mary Nelson
(City, town, or county) (State or foreign country)

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

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

(b) Address Rayville, Mo.

17. (a) Burial (b) Date thereof 4/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Quest-Lile P.H.
Richmond, Missouri

(b) Address _____

19. (a) April 30-47 (b) Malcol Jackson
(Date received local registrar) (Registrar's signature) 772

Major findings: _____

Of operations _____

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 E. B. Gay (M. D. or other) MD

Address Richmond Date signed 4-28-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-7-47

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

[Handwritten Signature]

Licensed Embalmer No. 4066

P. O. Address Pickman, N.Y.

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.