

No. 2
4-12-40
5-17-39
I X23159

8000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. 1095 Primary Registration District No. H 3-36

1. PLACE OF DEATH:
(a) County Monteau
(b) City or town Clarksburg
(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 2 year 1 (Specify whether
In this community 2 year 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Monteau
(c) City or town Clarksburg
(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.? native years.

3. (a) PRINT FULL NAME Sylvia Marie Odum
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 22
year 1941 hour 3 minute A. M.
21. I hereby certify that I attended the deceased from Jan. 20
Jan. 1941 to Jan. 22 1941
that I last saw her alive on Jan. 21 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Odum (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Feb 7 1902
(Month) (Day) (Year)

Immediate cause of death Acute Indigestion
Due to Influenza
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 38 Months 11 Days 11 If less than one day _____ hr. _____ min.
9. Birthplace Shannon Co Mo ()
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business _____
12. Name James Triggers
13. Birthplace Shannon Co Mo ()
(City, town, or county) (State or foreign country)
14. Maiden name Morgan Lane
15. Birthplace Shannon Co Mo ()
(City, town, or county) (State or foreign country)

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? NO
While at work? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant George Odum
(b) Address Clarksburg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/41
(Month) (Day) (Year)
(c) Place: burial or cremation McGuff Mo
18. (a) Signature of funeral director California & Fruit Mfg Co
(b) Address California Mo
19. (a) 1-22-41 (Date received local registrar) (b) Jamuch (Registrar's signature)

23. Signature H. B. Bacon (M. D. or other) MD
Address California Date signed 1/24/41

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..... *A. E. Friedmeyer*
Licensed Embalmer No..... *12854*
P. O. Address..... *California 21*

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.