

REC'D MAY 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14753
Do not use this space.

1. PLACE OF DEATH

(a) County Dent Registration District No. 266
(b) Township 1 Primary Registration District No. 4164 Registered No. 38
(c) City Salem (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Ammie Hoodenpyle

(a) Residence, No. 351 Salem, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ermitt Hoodenpyle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 14 1855</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>4</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housekeeper</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
13. NAME <u>Dent Know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dent Know</u>		
15. MAIDEN NAME <u>Mary Pewitt</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dent Know</u>		

17. INFORMANT Mrs Dan Arnett
(ADDRESS) Salem Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Zion Cem. DATE May 3, 193919. FUNERAL DIRECTOR Carl K Spencer
(ADDRESS) Salem Mo20. FILED May 2, 1939 A. E. White, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1939

22. I HEREBY CERTIFY That I attended deceased from August 20, 1937, to May 1, 1939.
I last saw her alive on May 1, 1939. Death is said to have occurred on the date stated above, at 10:50 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis
Cerebral Arteriosclerosis
Generalized Arteriosclerosis
Date of onset same as above
" " " " " "

Other contributory causes of importance:
Generalized arteriosclerosis

Name of operation none Date of _____
What test confirmed diagnosis? clinical findings Where an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) A. E. White, M. D.
Salem, Missouri (Address)

WRITE PLAINLY, WITH UNFADING 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.

MAINTAIN RESERVED FOR BLENDING

V. S. NO. 2.
SOM-7-20-37

I X12004

STATEMENT BY LICENSED EMBALMER

I, W. K. Spence, Licensed Embalmer No. 9320

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

.....L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed W. K. Spence

Licensed Embalmer No. 9320

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.)