

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

34933
Do not use this space.

NOV 14 1939

1. PLACE OF DEATH

(a) County Jackson, Registration District No. 399
 (b) Township Kaw, Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. Park Lane Hotel, 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

Amanda J. Durham,
 (a) Residence, No. Park Lane, Hotel, St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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>Joseph W. Durham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 19, 1854.</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>1</u>	DAYS <u>20</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</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>Missouri</u>		
FATHER	13. NAME <u>Lisbon A. Wade,</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Wyatt,</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri.</u>	
17. INFORMANT <u>L. E. Durham,</u> (ADDRESS) <u>809 West 57th St., K. C., Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elston, Mo.</u> DATE <u>10/12</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) <u>Stine & McClure,</u> (ADDRESS) <u>3235 Gilham Plaza, K. C., Mo.</u>		
20. FILED <u>10/10</u> 19 <u>39</u> <u>M. M. Corone</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 9, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Sept 35, 1935, to Oct 9, 1939
 I last saw her alive on Oct 9, 1939. Death is said to have occurred on the date stated above, at 10:00 pm
 The principal cause of death and related causes of importance were as follows:
Cerebral thrombosis
gpc
 Date of onset 10/6/39

Other contributory causes of importance:
Broncho pneumonia
and myocardial degeneration
9/28/39

Name of operation none Date of.....
 What test confirmed diagnosis? Clinical Was there 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 John A. Caldwell M. D.
 (Signed) John A. Caldwell (Address) Kansas City, Mo.

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.

I X14823

Jno. K. Caldwell.

Angela Bly

Age 7170

2:00 until 5:00

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. M. Plank*

Licensed Embalmer No. *1848*

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.