

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40025

State File No. _____

Registration District No. _____

Primary Registration District No. 5574

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Jefferson 2
(b) City or town Waller
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fletcher Mo. Star Route
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 4 yrs

3. (a) PRINT
FULL NAME

Margaret Ann Amosden

8. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Female

5. Color or
race White

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased July
(Month)

23 1935
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

4

3

18

hr. _____ min. _____

9. Birthplace Fletcher
(City, town, or county)

Mo
(State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

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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.....

Licensed Embalmer No.....

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.