DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 9 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7866

Registration District No. 733 | Primary Registration District No. 4438 | Registrar's No.

1. PLACE OF DEATH:

(a) County Randolph Co

(b) City or town Huntsville (If outside city or town limits, write "RURAL" and name of township)

(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 (Specify whether years, months or days) 14 yr

In this community 4 JA

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Huntsville Mo (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.? years.

3. (a) PRINT FULL NAME AMANDA, SEALS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 1 (Day) About 1814 (Year)

8. AGE: Years about 126 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country) 9

10. Usual occupation Housewife 9

11. Industry or business 9

FATHER
12. Name Dont K
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Amanda Smith

(b) Address Huntsville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville Mo

18. (a) Signature of funeral director Tom B Patton

(b) Address Huntsville Mo

19. (a) Mar-4-1940 (Date received local registrar) (b) Mrs. D. A. Barnhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1, 1940 year 4 hour 15 minute 9 M.

21. I hereby certify that I attended the deceased from Jan 20, 1940, to Jan 25, 1940 that I last saw her alive on Jan 25, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death chronic myocarditis	2 yrs
Due to Senility & arterio-sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93C	

Major findings:
Of operations
Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury

661

23. Signature P. V. Dreyer M.D. (M. D. or other) 1

Address Huntsville Mo Date signed 2/9/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 8-17-39 I X19511

RECEIVED
District Health Officer No. 10
District File Number 3-40-511
MAR 5 1940
Date Filed

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Ala

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.