

FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH16230
Do not use this space.

1. PLACE OF DEATH Schuyler 2
(a) County Glenwood Registration District No. 805
(b) Township 0 Primary Registration District No. 6049 Registered No. 84
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 635 AMANDA ELIZABETH MARTIN
(a) Residence, No. Schuyler Co. 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 12, 1878

7. AGE YEARS 61 MONTHS 11 DAYS 20 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. housewife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Schuyler Co. Mo.
(STATE OR COUNTRY)

FATHER 13. NAME Minor Norman
14. BIRTHPLACE (CITY OR TOWN) OHIO
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Eleanor Darby
16. BIRTHPLACE (CITY OR TOWN) Schuyler Co. Mo.
(STATE OR COUNTRY)

17. INFORMANT Albert Martin
(ADDRESS) Glenwood Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glenwood Mo. DATE April, 3, 1940

19. FUNERAL DIRECTOR (NAME) True Medical
(ADDRESS) Lancaster Mo.

20. FILED 4. 3 19 Byrd G. Drake Local Registrar.
Drake

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 2, 19 40

22. I HEREBY CERTIFY That I attended deceased from Mar. 28, 19 40, to Apr 2, 19 40
I last saw her alive on Apr 1, 19 40 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary sclerosis
11/8
Date of onset

Other contributory causes of importance:
Excess of food

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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? Yes
If so, specify Yes
(Signed) J. Davidson, M. D.

(Address) Lancaster Mo.

RECEIVED

District Health Officer No. 10

District File Number 5-40-1031

Date Filed MAY 14 1940

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,

TRUE MORHEAD, or by

Registered Apprentice No., working under my personal supervision.

Signed: True Morhead

Licensed Embalmer No. 3731

P. O. Address Lancaster Mo

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.