

Registration District No.

Primary Registration District No. 4557

Registrar's No.

20

1. PLACE OF DEATH:

- (a) County Andrew
 (b) City or town Farber
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days) 5311

3. (a) PRINT FULL NAME

Edwin Amidon

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Therese 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased June 7 - 1852
 (Month) (Day) (Year)

8. AGE: Years 88 Months 16 Days 1 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Amidon

13. Birthplace New York
 (City, town, or county) (State or foreign country)

14. Maiden name Adeline Stevens

15. Birthplace New York
 (City, town, or county) (State or foreign country)

16. (a) Informant Betty Amidon

- (b) Address Farber Mo

17. (a) Burial (b) Date thereof June 25 -
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Farber Mo

18. (a) Signature of funeral director W. W. Math

- (b) Address Vandalia Mo

19. (a) June 35 (b) R. Lee Alfred
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Andrew
 (c) City or town Farber
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 - 1940
 year 1940 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 19
1940, to June 23, 1940,
 that I last saw him alive on June 22, 1940,
 and that death occurred on the date and hour stated above.

- Immediate cause of death Cerebral hemorrhage

- Due to Arteriosclerosis

- Due to 82

- Other conditions 82
 (Include pregnancy within 3 months of death)

- Major findings:
 Of operations

- Of autopsy

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)

- (e) Means of injury

23. Signature Martin W. Adler (M. D. or other) M.D.

- Address Vandalia, Mo. Date signed 6/25/40

(HOB:MA)

District Health Officer No. 10
District File Number 7-40-1329
Date Filed JUL 10 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, or by

U, Registered Apprentice No. 3325
working under my personal supervision.

Signed W B Walker

Licensed Embalmer No. 3325

P. O. Address Vandalia 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, fact should be so stated above.