

Registration District No. 1940

Primary Registration District No. 5698

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Rural Whitlock
(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 20 hrs
(Specify whether
In this community 20 hrs
years, months or days)

3. (a) PRINT FULL NAME AMANDA VANCKREN, 526

3. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 78 1/2 years

7. Birth date of deceased Feb 16- 1851
(Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 19 If less than one day hr. min.

9. Birthplace McDonald Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation ✓ 9

11. Industry or business ✓

12. Name Fatty 9

18. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant J. H. Anderson

(b) Address J. H. Anderson

17. (a) Burial (b) Date thereof Mar 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jane mo

18. (a) Signature of funeral director Chas. Williams

(b) Address Hoodman mo

19. (a) April 10 1940 L. C. Carnell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County McDonald
(c) City or town Rural
(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 Mar day 25
year 1940 hour 9 minute 35 P. M.

21. I hereby certify, that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Found dead in bed

Due to _____

Due to 7 P. M.

Other conditions. (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? _____

Wife at _____ (Specify type of place) (e) Means of injury h

23. Signature L. C. Carnell (M. D. or other) u

Address Summit mo Date signed 7-5-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 740-2310

Date Filed JUL 9 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.....
....., 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.