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FILED SEP 16 1940

State File No. _____

Registration District No. 47

Primary Registration District No. 3021

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: LOLO NELSON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Wells City
(If outside city or town limits, write "RURAL")

(d) Street No. 1010 N. Nelson
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Amanda Louise Newton

3. (b) If veteran, name war _____

3. (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 Widowed

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

7. Birth date of deceased March 8 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>5</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name George Tate

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

14. Maiden name Bessie Jane Swift

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

16. (a) Informant Mrs. Thora Blair

(b) Address 1010 N. Nelson, Ct.

17. (a) Burial (b) Date thereof Aug 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem.

18. (a) Signature of funeral director Wells City Mo.

(b) Address Wells City Mo.

19. (a) AUG. 12. 40 (b) J. L. Ricketts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1940 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from July 24, 1940 to Aug 11, 1940,
that I last saw her alive on Aug 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS

Duration 2 yrs

Due to Semility

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

377 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature J. L. Ricketts (M. D. or other) _____
Address Wells City Mo. Date signed Aug 11/40

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

40-9-338

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 myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed Rayton M. Johnston

Licensed Embalmer No. 3,932

P. O. Address Wells City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.