

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **31307**Registration District No. **37**Primary Registration District No. **4.022**Registrar's No. **16**

1. PLACE OF DEATH:

(a) County **Barry**
 (b) City or town **Purdy**
 (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 **2**
 (Specify whether
 In this community **52 years**
 years, months or days)

8. (a) PRINT FULL NAME **Joanna Thariah Ambrose**

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 **Hannibal Luther Ambrose** 6. (c) Age of husband or wife if alive **years**
 7. Birth date of deceased **September 10 1856**
 (Month) (Day) (Year)

8. AGE: Years **84** Months **0** Days **6** If less than one day
 hr. min.

9. Birthplace **Evansville Indiana**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Ziba Cook**13. Birthplace **Mass.**
(City, town, or county) (State or foreign country)14. Maiden name **Elizabeth Phelps**15. Birthplace **Mass.**
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **John G. Ambrose**(b) Address **Arkansas City, Kansas**

17. (a) **burial** (b) Date thereof **Sept 18, 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Purdy Cemetery**18. (a) Signature of funeral director **Blankenships**(b) Address **Maneth - Purdy Mo.**

19. (a) **Sept 18, 1940** (b) **Donal Blankenships**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
 (c) City or town **Purdy**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **0**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. **years**

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Sept.** day **16**
 year **1940** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from **August 1st**, 19**33**, to **Sept 16**, 19**40**;
 that I last saw him alive on **Sept 16**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **7 yrs**

Due to **Senility, Hypertension**

Due to

Other conditions (include pregnancy within 3 months of death) **A26**

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?

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

23. Signature **J. D. Baldwin** (M. D. or other)

Address **Purdy Mo** Date signed **9-18-40**

RECEIVED

District Health Officer No. 6,

District File Number 1040-2684

Date Filed OCT 1 1907

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 L. N. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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.