

No. 2
4-13-40
-17-39
X23189

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33897
State File No.
8594
Registrar's No.

Registration District No. 7911

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethesda Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community 8 days
years, months or days)

3. (a) PRINT FULL NAME Amanda Belle Jones

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wiley Jones 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 6 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 7 12 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Elijah Brand
13. Birthplace K ntucky
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Nixon
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Wright
(b) Address Steelville, Missouri

17. (a) Burial (b) Date thereof 10-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Steelville, Mo.

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6185 Delmar Blvd

19. (a) OCT 18 1940 (b) J. F. Budish
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Steelville, Mo. N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1940 hour 7 minute 2.7 a.m.

21. I hereby certify that I attended the deceased from 10-12-40
_____, 19____, to 10-18-40, 19____;
that I last saw her alive on 10-17-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Duration _____

Due to arteriosclerosis
coronary artery disease

Due to hypertension (hypertrophic)
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____
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 W. Scherger (M. D. or other) _____
Address Bethesda Date signed 10-18-40

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

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.....

Jas E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address..... *617 S. Decatur*

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.