DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1676

Registration District No. 48 — Primary Registration District No. 4028 — Registrar's No.

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: no (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 Bates 7

(c) City or town Amoret (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Elizabeth Hadsell

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife George Hadsell

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

7. Birth date of deceased August (Month) 16 (Day) 1856 (Year)

8. AGE: Years 84 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Peoria (City, town, or county) Ill (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Van Shepler
13. Birthplace Unk (City, town, or county) Unk (State or foreign country) 9

MOTHER
14. Maiden name Martha Unk
15. Birthplace Unk (City, town, or county) Unk (State or foreign country) 9

16. (a) Informant's own signature Mrs Harry Clark

(b) Address Amsterdam Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-41 (Month) (Day) (Year)

(c) Place: burial or cremation East Mt. Zion Linn Co Kan.

18. (a) Signature of funeral director Archer & Mangold

(b) Address Amsterdam Mo

19. (a) 1/9 - 1941 (Date received local registrar) (b) Mrs. Carl Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day 6th year 41st hour 5th minute A.M.

21. I hereby certify that I attended the deceased from , 1924, to Jan. 5, 1941; that I last saw her alive on Jan. 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

~~Due to~~ Edema of Lung

Due to

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations ✓

Of autopsy ✓

Duration

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 C. A. Lusk (M. D. or other) D

Address Walton Bank Bldg. Date signed 1-7-41

Butler Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 21
District File Number 1-41-63
Date Filed 1-10-41

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 Lee A. Marigold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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.