

FEB 14 1941

Registration District No. 152

Primary Registration District No. 5216

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural (Camp Branch)
(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 _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass
(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

3. (a) PRINT FULL NAME Amelia F. Relesman

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 single

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

7. Birth date of deceased Jan 1 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months - Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Home maker

11. Industry or business _____

12. Name George P. Relesman
13. Birthplace Virginia (City, town, or county) (State or foreign country)

14. Maiden name Mentha Reid

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

16. (a) Informant Joe Relesman

(b) Address Harrisonville Mo. R. 1

17. (a) Burial (b) Date thereof Jan 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reid Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO.

19. (a) 1-23-41 (b) Mrs. Eddie Starnes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1941 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Jan 20, 1941, to Jan 20, 1941;
that I last saw her alive on Jan 20, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions 94 W
(Include pregnancy within 3 months of death)

PHYSICIAN
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? _____

14-5 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature J. H. Scott (M. D. or other) _____

Address Harrisonville Mo Date signed Jan 22

JAN 12 1949

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 Ernest Runnenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.