

FILED MAR 21 1941

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **55**

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Community Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 24 hrs.
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox **12**
 (c) City or town Edina **1**
(If outside city or town limit, write "RURAL") **0**
 (d) Street No. _____
(If rural, give location) **1**
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Amanda E. Kingsley
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced W
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 4 62
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>10</u>	<u>3</u>	hr. _____ min.

9. Birthplace Knox Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business Hom.

MOTHER FATHER { 12. Name John C. Krieger
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name unk
 15. Birthplace unk
(City, town, or county) (State or foreign country)

16. (a) Informant Lessie Kingsley
 (b) Address Edina, Mo.

17. (a) Burial (b) Date thereof 2 14 41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Novelty, Mo. Harmony

18. (a) Signature of funeral director Walter Hubson
 (b) Address Edina, Mo.

19. (a) 2-14-41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day Twelfth
 year 1941 hour five minute 45 A.M.
 21. I hereby certify that I attended the deceased from February
eleventh, 1941, to February 12, 1941,
 that I last saw her alive on February 12, 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic heart failure
 Due to Chronic Myocarditis

Due to _____
 Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
 Of operations No operations
 Of autopsy No autopsy

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

23. Signature A. R. Schultz (M. D. or other) **SA**
 Address 100 N. Webster St.

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-649

Date Filed MAR 19 1941

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 Keith Anderson

Licensed Embalmer No. 2415

P. O. Address Edina 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.