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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6687

State File No.

FILED MAR 20 1941

Registration District No. 197

Primary Registration District No. 5276 A

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: 23rd & Burlington 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town North Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 23rd & Burlington 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Amanda Florence Foster

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

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

7. Birth date of deceased June 25, 1854
(Month) (Day) (Year)

8. AGE: Years 86 | Months 7 | Days 6 | If less than one day hr. min.

9. Birthplace Wayne County Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Ben Willhite
13. Birthplace Wayne County Kentucky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Wray
15. Birthplace Wayne County Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Elmo Foster
(b) Address 23rd & Burlington, No. K.C.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-1941
(Month) (Day) (Year)
(c) Place: burial or cremation Nebo, Cem. Nebo. Mo.

18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City, Mo.

19. (a) 2-2-1941 (Date received local registrar) (b) John S. Morton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1941 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from Jan 28, 1941 to Feb 1, 1941;
that I last saw her alive on 1-28, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Arteriosclerosis

Due to

Due to

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

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 Russell L. Hodge (M. D. or other) 0
Address North Kansas City Date signed 2/2/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hodge

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-19-41

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

Harold L. Posson, Registered Apprentice No.

working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.