

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6810

Registration District No. 261

Primary Registration District No. 4160

Registrar's No. 2

1. PLACE OF DEATH:

(a) County De Kalb  
(b) City or town Stewartsville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME AMANDIA LYNN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife W. J. Crain 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased Feb. 27 1852  
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Bessie C. Chappell

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

14. Maiden name Nancy Nelson

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

16. (a) Informant's own signature Mrs. M. J. Neigh

(b) Address Stewartsville

17. (a) Burial (b) Date thereof Feb. 14-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Cemetery, Clinton Co.

18. (a) Signature of funeral director [Signature]

(b) Address Stewartsville  
19. (a) Feb. 14-1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Kalb  
(c) City or town Stewartsville  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12th  
year 1941 hour 1 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 2-2- 1941 to 2-12- 1941  
that I last saw her alive on 2-10- 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart block.

Due to Perforation of Stomach  
by a 2 1/2 inch foreign body - 7 mm  
Due to ✓

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

Major findings: none

Of autopsy Physical Findings

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? ✓

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

23. Signature B. B. [Signature] (M. D. or other)

Address St. Joseph, Mo. Date signed 2/13/41

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

Rev. 5-17-39 1 X1931

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.

MAILED 14 1941

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**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.....

*F. G. Lyon*

Licensed Embalmer No. ....

*952*

P. O. Address.....

*Stewartville Md*

**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.**