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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27479

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3137

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
2531 Kensington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 34 Years 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 2531 Kensington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME AMANDA FRANCES HOOPS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

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

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

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

7. Birth date of deceased Jan. (Month) 25 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
77	6	23	..... hr. ..... min.

9. Birthplace Maries County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

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

16. (a) Informant Norman F. Hoops

(b) Address 2531 Kensington

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

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Indep. Blvd. K. Mo.

19. (a) 8/19/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 18th
year 1941 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from 12/14, 1938, to 8/12, 1941,
that I last saw her alive on 8/12, 1941,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	1 hr
Due to Chronic Myocarditis	3 mo
Due to ~~92 H~~	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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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) no

(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 James R. McVay (M. D. or other)

Address 814 Medical Arts Date signed 8/28/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Jas. McVay
Med. arts Bldg.

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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