

FILED AUG 10 1942

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 47

Primary Registration District No. 4027

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Adrian Mo  
(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 7.7 years  
In this community 7.7 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town Rural near creek 7 1/2  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Amanda Lee Hiser

3. (b) If veteran, name war ✓ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Robert Allen Hiser 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased April 12 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Near Atchison Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name J. S. McClraw  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Judy Ann Jackson  
15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant R. L. Hiser  
(b) Address Adrian Mo

17. (a) Burial (b) Date thereof 7-23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation buried Hill View

18. (a) Signature of funeral director Lesath & Sitt  
(b) Address Adrian Mo

19. (a) July 22 42 (b) Ethel C. Stephens  
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
year 1942 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from June 9  
1942 to July 21 1942  
that I last saw her alive on July 21 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion  
Exhaustion  
Due to Cardio-Vascular-Renal  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of 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? Adrian Bates Mo  
(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 R. L. Colson (M, D. or other) Dr.  
Address Adrian Mo Date signed 7/29/42

Duration 2-0  
10 years  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 71

District File Number 8-42-825

Date Filed 8-4-42

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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 *Leffler*

Licensed Embalmer No. 3650

P. O. Address *Adrian 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, fact should be so stated above.