

FILED SEP 14 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28398

Do not use this space.

## 1. PLACE OF DEATH

(a) County Texas Registration District No. 868  
 (b) Township Sherrill Primary Registration District No. 6-49-101 Registered No. 6106  
 (c) City Sherrill or (d) Street No. 1 St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

AMANDA ELIZABETH CLARK  
 (a) Residence, No. near Sherrill St. 5 (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. C. Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
72 9 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 1939 11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beulah Mo

FATHER 13. NAME John H. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 121 1

MOTHER 15. MAIDEN NAME Victoria Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 121 1

17. INFORMANT (ADDRESS) Grown Johnson Sherrill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Winters DATE 4/16/42

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith & Wagon

20. FILED May 4, 1942, Maggie Wilson Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 16, 1942

22. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1942 to Apr 16, 1942  
 I last saw her alive on Apr 16, 1942 Death is said to have occurred on the date stated above, at 9 a.m.  
 The principal cause of death and related causes of importance were as follows:

Epilepsy

Date of onset 4/16/42  
5 am

Other contributory causes of importance: Chronic nephritis 1939

Name of operation 1318 Date of see  
 What test confirmed diagnosis? see Was there an autopsy? see

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? see Date of injury see, 19see  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury see  
 Nature of injury see

24. Was disease or injury in any way related to occupation of deceased? see  
 If so, specify see  
 (Signed) J. H. Reed, M. D.  
 (Address) see

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

RECEIVED

District Health Officer No. 5,  
District File Number 942728  
Date Filed 9-11-42

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.....

*Not Emb*

....., Registered Apprentice No.....

working under my personal supervision.

Signed Embert Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking, 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.