S. No. 2
—9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40479

FILED JAN -8 1943

Registration District No. 70 Primary Registration District No. 5284 Registrar's No. 56

3
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Clark

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

(c) Name of hospital or institution: At her home Dorman Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *** *** (Specify whether
In this community 75 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23

(c) City or town Alexandria 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mrs Amanda Danford Deming

3. (b) If veteran, name war ------

3. (c) Social Security No. none

4. Sex Fe Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased Dec (Month) 15 (Day) 1854 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	0	10	hr. min.

9. Birthplace Keokuk, Ia. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Josiah Danford
13. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Olive Sortwell
15. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs Russell Draper
(b) Address Alexandria Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Beuna Vista Cem

18. (a) Signature of funeral director C. A. Ryan
(b) Address Keokuk, Iowa

19. (a) 12-28-42 (Date received local registrar) (b) Perry S. Barton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1942 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec 24, 1942 to Dec 25, 1942
that I last saw her alive on Dec 24, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senile Debility	
Due to old age	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

162a

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 F A S Ribs D (M. D. or other)

Address Alexandria Mo Date signed Dec 22

1073

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-43-28
Date Filed Jan 7 1943

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 Myself, Registered Apprentice No. ——, working under my personal supervision.

Signed C A Ryan

Licensed Embalmer No. Ia 2202

P. O. Address Keokuk Ia

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.