

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14178

State File No.

Registrar's No.

Registration District No. 101

Primary Registration District No. 5412

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Springcreek
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Amanda Wilson

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 Married
6. (b) Name of husband or wife Asa Wilson 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased August 4 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 7 3 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Bill Johnson
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Armer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Davis
(b) Address Ava, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-43
(Month) (Day) (Year)
(c) Place: burial or cremation Springcreek

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) 4-1-43 (b) Thelma L. Waters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1943 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?
While at work? (Specify type of place)
(e) Means of injury
23. Signature M. C. Gentry (M. D. or other)
Address Ava Mo Date signed 3-31-43

m.c. Is

RECEIVED

District Health Officer No. 6,

District File Number 443-543

Date Filed 4-30-43

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..... *W.B. Hutchinson*.....

Licensed Embalmer No. 3481

P. O. Address Orlando, 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.