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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17935

Registration District No. 732 Primary Registration District No. 3021 Registrar's No. 75

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: 1315 East 12th St
(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 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Jefferson Twp
(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 —

3. (a) PRINT FULL NAME Amanda Miller Dockery

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 (Widowed) 2

6. (b) Name of husband or wife —

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

7. Birth date of deceased Jan (Month) 12 (Day) 1855 (Year)

8. AGE: Years 88 Months 4 Days 12 If less than one day — hr. — min.

9. Birthplace unknown (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business None

FATHER
12. Name DAVE MILLER
13. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

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

16. (a) Informant X Ethel Burghdorf
(b) Address Trenton, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 26 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mattgreen (Grundy County)

18. (a) Signature of funeral director Davis Funeral Service
(b) Address Trenton, Mo

19. (a) 5-26-43 (Date received local registrar) (b) L. D. Roberts (Registrar's signature)

1330

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1943 hour 10:00 ~~minute~~ A M.

21. I hereby certify that I attended the deceased from 5-17- 1943 to 5-26- 1943 that I last saw her alive on 5-21- 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to Arteriosclerosis	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

93d

Major findings:
Of operations
Of autopsy

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 Wm A Fuson (M. D. ~~[illegible]~~)

Address 905½ Main Date signed 5-26-43

(Licensed Embalmer's Statement on Reverse Side)

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 Rayne A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.