

No. 2
M-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31887

State File No. _____

Registration District 1943 57

Primary Registration District No. 5585

Registrar's No. 175

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - Madison WVP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #4, Carthage,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 8 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049

(c) City or town Rural - Madison Township 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rpute #4, Carthage
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME AMANDA KATHERINE STAPLES

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Henry Staples

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

7. Birth date of deceased December 22, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 8 20 _____ hr. _____ min.

9. Birthplace X Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jessie Medley

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name Malinda Wilson

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Howard

(b) Address Route #4, Carthage, Mo.

17. (a) Burial (b) Date thereof 9-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo

19. (a) Sept. 13 '43 (b) Elizabeth Couplins
(Date received local registrar) (Registrar's signature)

1203

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 11,
year 43 hour 1:30 minutes P. M.

21. I hereby certify that I attended the deceased from 9 April
13, 1943 to Sept 11, 1943
that I last saw her alive on Sept 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
of ovarian origin 3 years
Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

49a

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? _____

While at work _____ (Specify type of place)
Means of injury _____

23. Signature [Signature] 0 M.D.
(M. D. or other)

Address New City, Mo. Date signed 9-13-43

43-9-847

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.....

Licensed Embalmer No.....

P. O. Address.....

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.