

FILED MAY 11 1944

Registration District No. 218

Primary Registration District No. 3054

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pike  
 (b) City or town Louisiana  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1206 Tenn. St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution No  
(Specify whether years, months or days)  
 In this community Life Time  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Amanda Jane Booth

3. (b) If veteran, name war. No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife George H. Booth 6. (c) Age of husband or wife if alive 4 years  
 7. Birth date of deceased Jan 4 1869  
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Pike County Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business At Home

12. Name James Shady

13. Birthplace Ireland U  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dodds

15. Birthplace Pike County Mo. U  
(City, town, or county) (State or foreign country)

16. (a) Informant Boon Booth

(b) Address Louisiana Mo.

17. (a) Burial (b) Date thereof April 15 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana Mo. (Burial)

18. (a) Signature of funeral director Thomas Horne

(b) Address Louisiana Mo.

19. (a) 4-13-44 (b) Robert L. Andrae  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
 (c) City or town Louisiana  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1206 Tenn. St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13<sup>th</sup>  
 year 1944 hour 6 minute 20 AM

21. I hereby certify that I attended the deceased from March 30 1944 to April 13 1944  
 that I last saw her alive on April 12 1944 11 PM  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Cerebral Edema  
Chronic Beri Beri  
Pallagra

Duration  
3 1/2 hrs  
"  
?  
?

Other condition(s) None  
(include pre-existence within 3 months of death)  
 Major findings: None  
 Of operations None  
 Of autopsy None

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?  
ROBERT L. ANDRAE, M. D.

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 Means of injury \_\_\_\_\_  
 23. Signature Robert L. Andrae M.D.  
(M. D. or other)  
 Address Louisiana, Mo. Date signed 4/13/44

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

RECEIVED

District Health Officer No. 10

District File Number 5-44-938

Date Filed

MAY 10 1944

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

*J. B. Palmer*

Licensed Embalmer No. 4039

P. O. Address

Louisiana, 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.