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M-8-43  
v. 5-17-39  
I X37823

42249

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 15 1945  
Registration District No. 1337

Primary Registration District No. 6147

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

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

In this community 4.8 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

(c) City or town Rural Tipton Twp  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME Amanda Ellen FOLK

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1  
year 1944 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 26  
1944 to Dec 1, 1944  
that I last saw her alive on Dec 1, 1944  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Head 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 11 1866  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 2 da.

8. AGE: Years 78 Months 8 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Wepertence  
Chronic Nephritis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Shelby County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

Major findings: Of operations \_\_\_\_\_

Of autopsy 131

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name John E. Knox

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

14. Maiden name Lagaph, Beathards

15. Birthplace Shelby County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. E. Frank

(b) Address Shelbyville Mo

17. (a) Burial (b) Date thereof 12-4-1944  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Emden Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Grover E. Givan

(b) Address Hennepin, Missou

19. (a) Dec 7, 1944 (b) Madge Good  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature D. L. Davenport (M. D. or other) DO

Address Shelbyville Mo Date signed Dec 7-44

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

1095

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 10  
District File Number 1-45-264  
Date Filed JAN 12 1945

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 W/E  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed George Livan  
Licensed Embalmer No. 1754  
P. O. Address Hammond, 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.