No. 2
1—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34896

FILED OCT 19 1945

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 146

8

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Walker, Washington Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 yrs 1 mo 28 days (Specify whether years, months or days)
In this community: 5 yrs 1 mo 28 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: 108
(c) City or town: St Louis 0
(If outside city or town limits, write "RURAL")
(d) Street No. 7623 Rauschenbach 0
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: AMELIA DAVIS
3. (b) If veteran, name war: ✓ ✓
3. (c) Social Security No.: ✓
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Dec
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: unknown (Month) (Day) (Year)
8. AGE: Years 69 ~~60~~ Months ? Days ? If less than one day: hr. min.
9. Birthplace: no (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
MOTHER FATHER
12. Name:
13. Birthplace: (City, town, or county) 0 (State or foreign country)
14. Maiden name:
15. Birthplace: (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Admission Sheet
(b) Address:
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 9-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Perryville, Mo.
18. (a) Signature of funeral director: Eichinger Funeral Home
(b) Address: Nevada, Mo.
19. (a) Sept 28-45 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 27 year: 1945 hour: 1 minute: 55 P.M.
21. I hereby certify that I attended the deceased from: 1-4, 1944 to 9-27, 1945 that I last saw her alive on: Sept 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Senility, Detrition	?

Major findings:
Of operations: ✓
Of autopsy: no

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: R. G. Yell M.D. (M. D. or Coroner)
Address: Nevada, Mo. Date signed: 9/27/45

1499

(Licensed Embalmer's Statement on Reverse Side)

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

9-45-9853

Date Filed 10-17-45

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 Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address Neevada, 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.