

STANDARD CERTIFICATE OF DEATH

42661

State File No.

FILED JAN 8 1948

Registration District No. 246 Primary Registration District No. 6168

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Rural Lincoln Mo.
(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 76 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Amanda Beaver
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 Widowed
6. (b) Name of husband or wife / 6. (c) Age of husband or wife if alive 8 years (Day) (Year)

7. Birth date of deceased Oct 8 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business /

12. Name Anthony myer

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

14. Maiden name Nancy Phillips

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

16. (a) Informant Bessie Hancock

(b) Address Galena Mo

17. (a) Buried (b) Date thereof 10/27/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Life out

18. (a) Signature of funeral director Everett J. Cheatham
(b) Address Galena Mo

19. (a) 11-10-1945 (b) Everett J. Cheatham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone 104
(c) City or town Rural
(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 /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1945 hour 12 minutes 30 A.M.
21. I hereby certify that I attended the deceased from At Death
that I last saw her alive on Oct 26
and that death occurred on the date and hour stated above.

Immediate cause of death Burned to Death
Due to house burning

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

Major findings: Of operations /
Of autopsy /

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 104
(b) Date of occurrence Oct 26-45
(c) Where did injury occur? Stone Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home

While at work No (Specify type of place) (e) Means of injury Burn
Signature Everett J. Cheatham (M. D. or other) Coroner
Address Galena, Mo Date signed Oct 26 45

1082 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 1243-1121

Date Filed 12-27-45

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

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.