

FILED MAR 15 1946 STANDARD CERTIFICATE OF DEATH

State File No. 5500

Registration District No. 120

Primary Registration District No. 4194

Registrar's No. 27

1. PLACE OF DEATH

(a) County Greene Albany
(b) City or town Albany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Albany
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Amanda Malissa Carls

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Wid

(b) Name of husband or wife Wish Nell Carls 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 18- 1849
(Month) (Day) (Year)

8. AGE: Years 96 Months 11 Days 26 hr. _____ min. _____
If less than one day

9. Birthplace Harrison Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name unknown Laws

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

14. Maiden name unknown

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

16. (a) Informant Mrs. C. Bush

(b) Address Albany, Mo.

17. (a) Burial (b) Date thereof 2/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Bush

18. (a) Signature of funeral director Clifford Bush
(b) Address Albany Mo

19. (a) Feb 15-1946 (b) Anna M. Tabata
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1946 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb 12 1946 to Feb 13 1946
that I last saw u alive on Feb 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 97

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 MO

Signature J. N. Berger (M. D. or other)

Address Albany Mo Date signed 2-14-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me
Registered Apprentice No. _____
working under my personal supervision.

Signed Carlton Brooks
Licensed Embalmer No. 3329
P. O. Address Albany 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.