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

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1946

State File No. 6736

Registration District No. 280 Primary Registration District No. 4423 Registrar's No. 96

1. PLACE OF DEATH:

(a) County Platte

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

(c) Name of hospital or institution: none 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community Three years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83

(c) City or town Weston 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Amanda Cook

3. (b) If veteran, name war xx

3. (c) Social Security No. xx

4. Sex female 1

5. Color or race white 2

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

6. (b) Name of husband or wife xx

6. (c) Age of husband or wife if alive xx years

7. Birth date of deceased April (Month) 16 (Day) 1854 (Year)

8. AGE: Years 91 Months 9 Days 30 If less than one day hr. min.

9. Birthplace Howard Co. (City, town, or county) Missouri 11 (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name Hughs W. Burch

13. Birthplace unknown (City, town, or county) Ky. 1 (State or foreign country)

MOTHER 14. Maiden name Della Ross

15. Birthplace Unknown (City, town, or county) Ky. 1 (State or foreign country)

16. (a) Informant Mrs. R. P. Tillerson

(b) Address Weston, Missouri

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

(c) Place: burial or cremation Callao, Missouri

18. (a) Signature of funeral director Vaughn Funeral Home

(b) Address Weston, Missouri

19. (a) Feb 18-46 (Date received local registrar) (b) Mrs. Olivia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15 year 1946 hour 5- minute 30 A. M.

21. I hereby certify that I attended the deceased from January 17, 1946, to February 15, 1946; that I last saw her alive on February 7, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis *Duration*

Due to Arteriosclerosis

Due to xxxxxx

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

Major findings:
Of operations xxxxx

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) xxxxx

(b) Date of occurrence xxxx

(c) Where did injury occur? xxxx (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? xxxxx (Specify type of place)

While at work? xxxx (e) Means of injury xxx

23. Signature Lewis C. Calvert (M. D.)

Address Weston Missouri Feb. 15, 1946

(Licensed Embalmer's Statement on Reverse Side)

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

3 10

3036

257

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.