

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 7

Registration District No. _____ Primary Registration District No. 6264

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Seymour Rural
(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 64 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Seymour Rural
(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 Amelia Mary Todd
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 20
year 1946 hour 9 minut 30 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw h_____ alive on _____, 19____,
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 _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 7 1881
(Month) (Day) (Year)

Immediate cause of death
Coronary Thrombosis
Duration _____

8. AGE: Years Months Days If less than one day
64 11 23 hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations gpc
Of autopsy _____

9. Birthplace Wright Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation House Keeper

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

11. Industry or business _____
12. Name Hiram Pool
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name SALLY BRYANT
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Howard Todd
(b) Address Seymour, Mo
17. (a) Burial (b) Date thereof MAR. 5, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Seymour Cem.

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)

18. (a) Signature of funeral director Kelley-Ferrell
(b) Address Seymour, Mo
19. (a) Marzo (b) Gilbert Jones
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature H. H. Kelley Coroner
Address H. H. Kelley Date signed 3-9-46
(Mr. D. or other)

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

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RECEIVED

District Health Officer No. 6;

District File Number 446-436

Date Filed APR 12 1946

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 K. K. Kelley

Licensed Embalmer No. 23334

P. O. Address Raymond

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.