

FILED JUL 15 1946

Registration District No.

Primary Registration District No. 4268

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution Waynesville Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Lafayette
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Lafayette

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Amanda Lee

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

4. Sex Female 5. Color or Race Negro 6. (a) Single, widowed, married, divorced or widow

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

7. Birth date of deceased December 25, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 5 28 hr. _____ min.

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

10. Usual occupation Housekeeping

11. Industry or business same as above

12. Name Ally Dever

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

14. Maiden name Ally Dever

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

16. (a) Informant Mr. Chas. Thomas

(b) Address Waynesville Mo

17. (a) buried (b) Date thereof 6-27-1946
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hermon Mo

18. (a) Signature of funeral director Frank Doss

(b) Address Waynesville Mo

19. (a) June 29 1946 (b) Edna Drummond
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
19 year 12 hour 40 minute 8 M.

21. I hereby certify that I attended the deceased from June 19
1946 to June 23 19 46

that I last saw her alive on June 23 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Leon L. Spencer (M. D. or other) _____
Address Waynesville Mo Date signed June 26 1946

19750 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-13-86

[Handwritten scribbles and illegible text]

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 George A. Green

Licensed Embalmer No. 4220

P. O. Address Leighton 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.