

X29484

Registration District No. **3873**
FILED JAN 14 1946

Primary Registration District No. **6196**

Registrar's No. **27**

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

1. PLACE OF DEATH:

(a) County **Texas**

(b) City or town **Rural Sherrell**
(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 **5 yrs**
(Specify whether years, months or days)

In this community **5 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Texas 10'**

(c) City or town **Rural Sherrell**
(If outside city or town limits, write "RURAL")

(d) Street No. **2 1/2 Mi East of Licking Mo**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Amanda Jane York**

3. (b) If veteran, name war **✓** (c) Social Security No. **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Nov** day **16**
year **1946** hour **12** minute **30 A.M.**

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

6. (b) Name of husband or wife **J. H. York** 6. (c) Age of husband or wife if alive **3** years

Birth date of deceased **Feb 3 1856**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **11-15-1946** to **1946**
that I last saw him **alive** on **1946**
and that death occurred on the date and hour stated above.

8. AGE: Years **90** Months **9** Days **13** If less than one day **hr. min.**

Immediate cause of death **Senility**

Due to

Due to

Other conditions **Senility**
(Include pregnancy within 3 months of death)

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

Major findings of operations **Senility**

Of autopsy **Senility**

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

10. Usual occupation **Horse work**

11. Industry or business

12. Name **Francis Atteberry**

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

14. Maiden name **Not known**

15. Birthplace **Not known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hubert York**

(b) Address **Licking Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov 18 1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **Williams Glen**

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? **Licking Mo**
(City or town) (County) (State)

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

18. (a) Signature of funeral director **Smith & Ferguson**

(b) Address **Licking Mo**

19. (a) **Nov 26 1946** (Date received local registrar) (b) **E. Lenora Nesse** (Registrar's signature)

23. Signature **Lester Randall** (M. D. or other) **M. D.**
Address **Licking Mo** Date signed **11-19-46**

RECEIVED

District Health Officer No. 5,

District File Number 1474

Date Filed 1/13/47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....
Not Emb......, Registered Apprentice No.....
working under my personal supervision.

Signed Erbert E. Ferguson
Licensed Embalmer No. 3945
P. O. Address Licking 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.