

No. 2
2-45
7-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7635

FILED FEB. 19 1947
Registration District No. 2

Primary Registration District No. 6218

Registrar's No. _____

1. PLACE OF DEATH:

(a) County VERNON
(b) City or town RURAL DOVER
(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 8 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME AMANDA J. DOMAN

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 married

(b) Name of husband or wife James S. Doman
6. (c) Age of husband or wife if alive 79 years
Birth date of deceased 8 8 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Putman W. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Pleasant Watson
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name M. Arie Riddle
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant James S. Doman

(b) Address Milo Mo., Star Pt

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

(c) Place: burial or cremation Powersville, Mo

18. (a) Signature of funeral director P. Gerald Beung

(b) Address 2 helden mo

19. (a) Feb 12, 1947 (b) Mrs Ruth Faith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Waver Township
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1947 hour 2:30 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 1
1947 to Feb 7, 1947.
that I last saw her alive on Feb 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Breast
Due to Old age

Other conditions Old age
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

Duration

Don't know

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) (b) Means of injury _____

23. Signature W. Slove (M.D. or other) 0
Address Nevada, Mo Date signed 2-8-47

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

RECEIVED
F. J. ...
2 ...
1-11-17
2-17-17

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 S. Gerald Beery
Licensed Embalmer No. 42030
P. O. Address S. Halden, 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.