

Registration District No. 144

Primary Registration District No. 5582

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Iron  
(b) City or town Arcadia-Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: The Home for Aged Baptists 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yrs - 14 days  
(Specify whether years, months or days)  
In this community 2 years & 14 days

3. (a) PRINT

FULL NAME Mrs. Alice Elizabeth Ammon

3. (b) If veteran, name war None  
3. (c) Social Security No. none

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edward Ammon  
6. (c) Age of husband or wife if alive Second years

7. Birth date of deceased June 8, 1879  
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 21  
If less than one day hr. min.

9. Birthplace Do not know Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Her home

12. Name John Snoot

13. Birthplace Do not know Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Hess

15. Birthplace Do not know Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Binsney

(b) Address Brenton, Mo.

17. (a) Burial (b) Date thereof May 2, 1947  
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation Christian Cemetery

18. (a) Signature of funeral director Webb-Adamson

(b) Address Fredericktown, Mo.  
19. (a) 53-47 (b) Mrs. Arrie Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47  
(c) City or town Arcadia-Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1/2 Miles East on Highway 70 0  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1947 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from 4-5-47, 19 to 4-28-47, 19  
that I last saw her alive on 4-28-47, 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Bronchial Pneumonia 2 days  
Duration

Due to Influenza 2 wks

Due to

Other conditions Chronic arthritis ?  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 P. E. Auland (M. D. or other) M.D.  
Address Brenton, Mo. Date signed 7-20-47

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

MOTHER FATHER

Health Officer No. 4  
District File Number 547-664  
Date Filed 5-9-47

**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 *R. Toljean Adamson*  
Licensed Embalmer No. 4351  
P. O. Address Fredericktown, 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.**