S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13946

Registration District No. 166 Primary Registration District No. 5603 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town rural GROVER
(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 all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson 51

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Amanda Strickland

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband Eugene Strickland

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

7. Birth date of deceased Mch - 4 - 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	1	9	hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Thomas Malloy 9
13. Birthplace unknown 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barnett
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant A. L. Strickland
(b) Address R R Sweet Springs Mo.

17. (a) Mt. Zion Cem (b) Date thereof Apr-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion Cem.

18. (a) Signature of funeral director C. L. Sauth
(b) Address Knob Noster Mo.

19. (a) April 14, 47 (b) Erma L. Beatty
(Date received local registrar) (Registrar's signature) 1/49

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 13 day 13th
year 1947 hour 9:00 minute P.M.

21. I hereby certify that I attended the deceased from April 1 1947 to April 13 1947
that I last saw her alive on April 13 1947
and that death occurred on the date and hour stated above.

Immediate cause of death (1) 8 hr myocarditis

Due to

Due to

Other conditions (1) Pulmonary, T.B.
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

13B

Duration

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? ✓
(Specify type of place)

While at work? ✓ (e) Means of injury 0

23. Signature G. W. Grover M.D. (M. D. or other)

Address Knob Noster, Mo. Date signed Apr 14-47

(Licensed Embalmer's Statement on Reverse Side)

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 C. L. Sault

Licensed Embalmer No. 1086

P. O. Address Knob Noster 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.