

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27133

State File No. _____

Registration District No. 71

Primary Registration District No. 5287

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
Three miles south of Excelsior Spgs
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. Three Miles S. of Excelsior Spgs
(If rural, give location)

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

3. (a) PRINT FULL NAME Amanda Jane Howdeshell

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 23 1856
(Month) (Day) (Year)

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

91 1 10 hr. _____ min.

9. Birthplace Clay County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name John Howdeshell

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

14. Maiden name Margaret McElwee

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

16. (a) Informant Mrs. Clyde Smith

(b) Address South of Excelsior Springs, MO

17. (a) Burial (b) Date thereof 8-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Family Graveyard

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs, Missouri

19. (a) 8/7/1947 (b) Baroline Hutchings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1947 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2nd 1945
_____, 19____, to August, 1947

that I last saw her alive on 3 Aug, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Severity of terminal Bronch
Pneumonia

Duration 2 days

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 10

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 0

23. Signature [Signature] (M. D. or other) MD

Address Excelsior Springs, Mo Date signed 4 Aug 1947

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

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 8-29-47

1961 OCT 11 AM 10:00

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, 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.