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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 15 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27405

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 778

1. PLACE OF DEATH:

(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 hours (Specify whether
In this community: 82 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: R. F. D. # 7,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

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3. (a) PRINT FULL NAME: AMANDA D. RECTOR

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: Divorced

6. (b) Name of husband or wife: Preston Rector — 6. (c) Age of husband or wife if alive: Unknown years

7. Birth date of deceased: April (Month) 1, (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	5	2	hr. min.

9. Birthplace: Greene County, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home Makeing

FATHER
12. Name: Rufus Douglas
13. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name: Caroline Bonham
15. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant: Mrs. Frankie Vance (Niece)
(b) Address: R.F.D. # 7, Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 6, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Brookline, Missouri
18. (a) Signature of funeral director: Alma Lohmeyer
(b) Address: Springfield, Missouri
19. (a) 9-9-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4, year 1947 hour 2: minute 25 P. M.

21. I hereby certify that I attended the deceased from Sept. 4, 1947, to Sept. 4, 1947; that I last saw her alive on Sept. 4, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Subdural Hemorrhage — Duration

Due to: Fracture Skull

Due to: Fall

Other conditions: Arteria sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 1864

Of autopsy: Subdural Hemorrhage Fracture Skull

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): Accident
(b) Date of occurrence: 9/4/47
(c) Where did injury occur? Springfield (City or town) Green (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place - Hess Inc. (Specify type of place)
While at work? No (e) Means of injury: Fall

23. Signature: H. Lowe (M. D. or other)
Address: Springfield, Mo. Date signed: 9/4/47

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 1947

JUN 25 194

JUN 26 1948

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 Frank S. Coffman Jr., Registered Apprentice No. 16, working under my personal supervision.

Signed Jewell E. Wundle

Licensed Embalmer No. 2831

P. O. Address Springfield 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.