

Registration District No. 378

Primary Registration District No. 4552

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mountain Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3120 Oakland Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Mountain Grove
(If outside city or town limits, write "RURAL")
(d) Street No. 3120 Oakland Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Carrie Alice Ames

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alfred B. Ames
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Oct 29 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 29 If less than one day
hr. min.

9. Birthplace Greenfield Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Nurse & Homemaker

11. Industry or business.....

12. Name Balbin White
13. Birthplace Unknown U.S.A.
(City, town, or county) (State or foreign country)
14. Maiden name Susan Ann Lane
15. Birthplace Unknown Texas
(City, town, or county) (State or foreign country)

16. (c) Informant A. E. Ames
(b) Address Mountain Grove Mo

17. (a) Burial (b) Date thereof Aug 30 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Russell W Barber

(b) Address 17th Grove, Mo.

19. (a) 4-1-47 (b) A. E. Ames
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28
year 1947 hour 5:00 minute A.M.

21. I hereby certify that I attended the deceased from Aug 12 1947, to Aug 28 1947; that I last saw her alive on Aug 27 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Due to.....
Due to.....

Duration
15 days

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

Major findings: Of operations 83P
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged etiologically.

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) (c) Means of injury D

23. Signature R.A. Tyson (M. D. or other)
Address 17th Grove Date signed 9/1-47

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

X47070

SEP 17 1964

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.....

J. O. Clary....., Registered Apprentice No. *453*
working under my personal supervision.

Signed *Russell Barber*.....

Licensed Embalmer No. *3848*.....

P. O. Address *Maple Grove, Minn.*.....

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.