

FILED OCT 13 1947

Registration District No. **278**

Primary Registration District No. **4427**

Registrar's No. **126**

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Waynesville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Waynesville General**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days** (Specify whether years, months or days)
In this community **62 years**

3. (a) PRINT FULL NAME

Amanta Mabel Young

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 **Widow**

6. (b) Name of husband or wife

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

7. Birth date of deceased **Feb 6 1885**

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

62

7

29

hr.

min.

9. Birthplace

Newburg Mo

(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name

Philip Corp

13. Birthplace

Philps Co Mo

(City, town, or county) (State or foreign country)

14. Maiden name

Rebecca Ellen Stogdill

15. Birthplace

Philps Co Mo

(City, town, or county) (State or foreign country)

16. (a) Informant

Alfie Stevenson

(b) Address

Newburg Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof

Oct 7 1947

(c) Place: burial or cremation

Roach Cemetery

18. (a) Signature of funeral director

W. E. Johnson

(b) Address

Newburg Mo

19. (a) Oct 10 1947 (Date received local registrar)

(b) (Registrar's signature) **W. E. Johnson**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Phelps**
(c) City or town **Newburg** (If outside city or town limits, write "RURAL")
(d) Street No. **6** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **5** year **1947** hour **8** minute **45 P. M.**

21. I hereby certify that I attended the deceased from

Oct 1 - 1947 to Oct 5 - 1947
that I last saw her alive on **Oct 5 - 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death

Gastro Hemorrhage
Gastric Ulcer

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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?

While at work

(Specify type of place)

(e) Means of injury

23. Signature

R. E. Brewer

(M. D. or other)

Address

Newburg Mo

Date signed

Oct 25 47

NOV 12 1947

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.....

Lee Johnson

Licensed Embalmer No. *3392*

P. O. Address *Newburg*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.