

1. PLACE OF DEATH:

(a) County Miller
 (b) City or town Idalia, Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: No
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No
 (Specify whether)
 In this community ALL LIFE
 years, months or days

3. (a) PRINT FULL NAME Ida Manthe Ambrose
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Charles Frederick
 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased July 6 1871
 (Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 14
 If less than one day
 hr. min.

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

10. Usual occupation Housewife

11. Industry or business
 12. Name JAMES V. Musick
 13. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)
 14. Maiden name Mellina Miller
 15. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)

16. (a) Informant Fred Ambrose
 (b) Address Idalia, RI
 17. (a) BURIAL (b) Date thereof Nov. 22, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Griff Cemetery
 18. (a) Signature of funeral director Walter P. Hays
 (b) Address Idalia, Missouri

19. (a) Nov. 21-47 (b) James Pukina
 (Date received local registrar) (Registrar's signature) 1947

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 20 day 05 P.M.
 year 1947 hour 1 minute
 21. I hereby certify that I attended the deceased from June 20
 1942, to Nov. 20, 1947;
 that I last saw h.s. alive on Nov. 19, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
 Due to Chronic Myocarditis
 Duration 2 yrs.

Due to
 Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy
 PHYSICIAN
 Underline the cause of 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

23. Signature Wm. A. Gault (M. D. or other) DO
 Address Idalia, Mo Date signed 11/20/47

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 Walter F. Hedger, Registered Apprentice No. _____, working under my personal supervision.

Signed

Walter F. Hedger

Licensed Embalmer No.

4265

P. O. Address

Meria, 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.