

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 17 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 60Primary Registration District No. 5392

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Dent
 (b) City or town Rural Walker's Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 80 y-12
 years, months or days

3. (a) PRINT FULL NAME AMANDA-CORDELIA-BARNARD

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Wid
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife 25 years

7. Birth date of deceased 8 (Month) 25 (Day) 1867 (Year)

8. AGE: Years Months Days If less than one day
80 5 1 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Daniel B. Olley
 13. Birthplace Tenn (City, town, or county) (State or foreign country)
 14. Maiden name Emma Mappin
 15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ola Matsinger

- (b) Address Salem Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 48 (Month) (Day) (Year)

- (c) Place: burial or cremation Mr. Herman

18. (a) Signature of funeral director Hobson & Shanthan

- (b) Address Salem Mo.

19. (a) 1-29-48 (Date received local registrar) (b) Dr. H. B. Smith, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Dent 33
 (c) City or town Rural 0
 (If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location) 0

- (e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
 year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1940, 19____, to 1-26-48, 19____;
 that I last saw him 25 alive on 1-15-48, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myositisDue to arterio sclerosis, etc.

Due to _____

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

Major findings: Of operations 9325

Of autopsy _____

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? 2

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. H. B. Smith (M. D. or other) D.O.

Address Salem Mo. Date signed 1-27-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District

District

into File

Order No. 5,
248-93
2-16-48

FEB 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

Edward F. Boyles

, Registered Apprentice No. *435*

working under my personal supervision.

Signed

Max L. Warfel

Licensed Embalmer No. *4170*

P. O. Address *Salem, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

March

Registration District No. 100

Primary Registration District No. 5392

Registrar's No.

1. PLACE OF DEATH:

- (a) County Dent
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)

3. (a) PRINT
FULL NAME

Amanda C. Bowman

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 Widowed

6. (b) Name of husband or wife
Unknown

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

7. Birth date of deceased

Aug 21
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

80

5

2

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(b)

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Year 1948 hour 2 minute 16 M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

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

4422