

FILED APR 21 1948

Registration District No. 78

Primary Registration District No. 6270 4158

Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town BUFFALO
(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 1
(Specify whether years, months or days)
In this community 1
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Amanda Loudermilk

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 Married

6. (b) Name of husband or wife Harve Loudermilk 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 30 - 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Dallas Co. Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name Mark Evans

13. Birthplace UTKRAUTH IA
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Harve Loudermilk

(b) Address BUFFALO, Mo.

17. (a) Burial (b) Date thereof 4-10-1948
(Burial, cremation, or re-oval) (Month) (Day) (Year)

(c) Place: burial or cremation Benton Branch

18. (a) Signature of funeral director Montgomery Vaughan

(b) Address BUFFALO, Mo.

19. (a) 4-17-48 (b) Dr. J. S. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas 30
(c) City or town BUFFALO
(If outside city or town limits, write "RURAL")
(d) Street 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 4 day 5
year 1948 hour 8 minute 07 M.

21. I hereby certify that I attended the deceased from for 4 yrs
prior to death to _____ 19____
that I last saw her alive on 4-1- 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 4 yrs
Repeated attacks Duration
Due to Hypertension &
Chronic Nephritis
Due to Age & S
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None PHYSICIAN
Of operations: None 1310
Of autopsy: None
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 J. S. Jones (M. D. or other) MD
Address Buffalo Mo Date signed 4-12-48

RECEIVED

District Health Officer No. 7,

District File Number 2-48-430

Date Filed 4-20-48

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.....

Alan D. Williams....., Registered Apprentice No. 13
working under my personal supervision.

Signed Blyde Montgomery.....

Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.