

FILED JUN 18 1948

Registration District No. **47**

Primary Registration District No. **3048**

Registrar's No. **173**

1. PLACE OF DEATH:

(a) County **Calloway**
 (b) City or town **Fulton**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **State Hosp #1 2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **13 days**
 (Specify whether
 In this community **same**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Franklin**
 (c) City or town **Robardsville**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **0**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME

AMANDA DYSON

(b) If veteran, name war.....

(c) Social Security No.....

4. Sex **f** 5. Color or race **negro**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive **17** years

7. Birth date of deceased **March 2 1888**
 (Month) (Day) (Year)

8. AGE: Years **80** Months **2** Days **27** If less than one day hr. min.

9. Birthplace **Robardsville MO**
 (City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business.....

12. Name **From Burns**

13. Birthplace **OTC**
 (City, town, or county) (State or foreign country)

14. Maiden name **W. Chata Thomas**

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

16. (a) Informant **Records State Hosp #1**
 (b) Address **Fulton MO**

17. (a) **Removal** (b) Date thereof **June 4 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kirksville, MO**

18. (a) Signature of funeral director **Gene Y. Maurin**

(b) Address **712 Lane Fulton, MO**

19. (a) **6-4-1948** (b) **Josce Morand**
 (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **May** day **31**
 year **1948** hour **3** minute **15** P. M.

21. I hereby certify that I attended the deceased from **May 17 1948** to **May 31 1948**; that I last saw her alive on **May 31 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Myo. Carditis**

Due to.....

Due to.....

Other conditions **semitia**
 (Include pregnancy within 3 months of death)

Major findings: Of operations.....

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?.....

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

Signature **R. Bruce** (M.D. or other).....

Address **Fulton MO** Date signed **5/31/48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 17 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.....

Theodore Skinner, Jr. Registered Apprentice No. *55*
working under my personal supervision.

Signed *Glen Y. Mansfield*

Licensed Embalmer No. *2725*

P. O. Address *Fulton, 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.