

FILED JUN 29 1948

Registration District No. 360

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21954

Primary Registration District No. 3076

Registrar's No. 105

1. PLACE OF DEATH:

(a) County VERNON
 (b) City or town NEVADA
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
319 West Walnut
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 55 YEARS
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME AMANDA ELIZABETH DAGLEY
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race white
 6. (a) ~~Single~~, widowed, Married
 6. (b) Name of husband or wife Daniel Dagley
 6. (c) Age of husband or wife 58 years
 7. Birth date of deceased Oct 10 1888
 (Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 26
 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
 12. Name JAMES SWearingen
 13. Birthplace UNKNOWN
 14. Maiden name SUSAN ANN SCRUGGS
 15. Birthplace VIRGINIA
 (City, town, or county) (State or foreign country)

16. (a) Informant MRS. W.S. MCGUIRE
 (b) Address 319 N. Walnut, Nevada Mo.

17. (a) BURIAL (b) Date thereof 6 14 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

15. (a) Signature of funeral director Henry Sweeney
 (b) Address Nevada Mo.

19. (a) 6-24-48 (b) Hal Hugh Jansen
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dennis
 (c) City or town Nevada
 (If outside city or town limits, write "RURAL")
 (d) Street No. 319 West Walnut
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
 year 1948 hour 3 minute A.M.
 21. I hereby certify that I attended the deceased from MAY 15
 that I last saw her alive on June 11
 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Left Heart Failure
 Due to Chronic Myocarditis
 Due to Chronic Glomerulonephritis

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 1318
 Of autopsy 1318

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) (e) Means of injury

23. Signature Wm. Allen
 Address Nevada Mo. Date signed 6/20/48

MAKE PRINTS - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

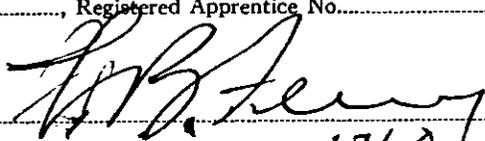
District File Number 5-48-694

Date Filed 6-28-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... 

Licensed Embalmer No. 1760

P. O. Address Jewada 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.