

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 11 1949

Registration District No. 43

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4056

39478

State File No.

Registrar's No. 424

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Fisk
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mo. (Specify whether years, months or days)
In this community 4 mo.

3. (a) PRINT FULL NAME

AMANDA JAMES

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced wid.
6. (b) Name of husband or wife Geo. JAMES 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased Oct 20 1922
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Van Buren CO Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Jos. Gullivan
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. Informant J. D. James
(b) Address Butterfield, Ark.

17. (a) Burial (b) Date thereof 1-2-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowman Cem.

18. (a) Signature of funeral director Farmer's Union Fun. Home
(b) Address Jonestown, Ark.

19. (a) 1-14-49 (b) R. H. Mine-lee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Dexter
(If outside city or town limits, write "RURAL")
(d) Street No. N. Poplar 406
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1948 hour 12 minute 16 A.M.

21. I hereby certify that I attended the deceased from Dec 26 1948 to Dec 30 1948
that I last saw him alive on Dec 28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic stroke
Due to Hypertension
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy g30

PHYSICIAN

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. B. Gullivan (M.D. or other)
Address Fisk, Mo. Date signed 1/2/49

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

RECEIVED

District Health Office No. 2,

District File Number 149-36

Date Filed 1-10-49

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.....

Amos B. Phelps....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 844 (Ark)

P. O. Address Jonestown, Ark

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.