

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

11434

Registration District No. 582

Primary Registration District No. 5779

Registrar's No. 10

1. PLACE OF DEATH

(a) County Monroe
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. 3 Holliday Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community Six months (Specify whether years, months or days) 1

3. (a) PRINT FULL NAME MARY CATHERINE AMICK3. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years7. Birth date of deceased Feb.-3-1857
(Month) (Day) (Year)8. AGE: Years 84 Months 1 Days 26 If less than one day hr. min.9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name William Cooper
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Mildred Craig
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. H. Vincent(b) Address R.F.D. 3 Holliday Mo.17. (a) Burial (b) Date thereof Mar. 30-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Union Cemetery Shelby Co.18. (a) Signature of funeral director Samuel J. Farnham(b) Address Moberly Mo.19. (a) April 1, 1941 (b) F. B. Barnett, M.D.
(Date received local registrar) (Registrar's signature) R.L.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 3 Holliday (If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th
year 1941 hour Two minute 30 A. M.21. I hereby certify that I attended the deceased from Mar 14, 1941, to Mar 29, 1941.
that I last saw unalive on Mar 29, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis
Due to arterio-sclerosis
Due to arterio-sclerosis

Other conditions
(Include pregnancy within 3 months of death) 94

Major findings:

Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

23. Signature Geo. W. Bennett, M.D. (Specify type of place) (a) Means of injury noneAddress none Date signed 5/27/41

RECEIVED

District Health Officer No. 10

District File Number 4-41-777

Date Filed APR 14 1941

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.....

R. M. Cater

Licensed Embalmer No. 4117

P. O. Address *Moberly Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.