

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 11434APR 28 1941  
Registration District No. 582Primary Registration District No. 5779Registrar'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 (Specify whether

In this community Six months years, months or days)

3. (a) PRINT FULL NAME MARY CATHERINE AMICK

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female race White 5. Color or White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife if alive None years

7. Birth date of deceased Feb. 3 - 1857 (Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 26 If less than one day hr. 0 min. 0

9. Birthplace Hannibal (City, town, or county) Missouri (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) Unknown (State or foreign country)

14. Maiden name Mildred Craig

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

16. (a) Informant Mrs. G. H. Vincent  
 (b) Address R.F.D. 3 Holliday Mo.

17. (a) Burial (b) Date thereof Mar. 30-41 (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery Holliday

18. (a) Signature of funeral director George Funeral Home  
 (b) Address Monetary Mo.

19. (a) April 1, 1941 (b) J. B. Barnett, M.D. (Date certified locally registered) (Registrar's signature)

## 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 29 th  
 year 1941 hour Two minute 30 A. M.

21. I hereby certify that I attended the deceased from 1941 to Mar. 29, 1941,

that I last saw her alive on Mar. 29, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death

Typhus, bronchitis

Due to asthma - 5 illnesses

Due to none

Other conditions none

Major findings: none

Of operations none

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?

(d) Did injury occur in or about home; on farm, in industrial place, in public place?

While at work? none (Specify type of place) none (Specify type of place)

(e) Means of injury none

23. Signature George Vincent (Name or other)

Address Monetary Mo. Date signed 5/21/41

**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. Carter*

Licensed Embalmer No. 4-117

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.