DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7707

FILED MAR 19 1941

Registration District No. 624

Primary Registration District No. 581F

Registrar's No.

1. PLACE OF DEATH:

(a) County: Newton

(b) City or town: Rural Neutonia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: — (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Newton

(c) City or town: Stark City (Rural) (If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: Amanda Elizabeth Wildman

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Sept (Month) 18 (Day) 1859 (Year)

8. AGE: Years 81 Months 4 Days 4 If less than one day ____ hr. ____ min.

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

10. Usual occupation: House wife

11. Industry or business: ____

FATHER 12. Name: James H. Harner

FATHER 13. Birthplace: Tennessee (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: ____

MOTHER 15. Birthplace: Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Ed Wildman

(b) Address: Granby, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 24 (Month) (Day) (Year)

(c) Place: burial or cremation: Macedonia Cem.

18. (a) Signature of funeral director: Hogue & Son

(b) Address: Wheaton

19. (a) Feb 27 1941 (Date received local registrar) (b) F. E. Rolens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22 year 1941 hour 5:35 minute P. M.

21. I hereby certify that I attended the deceased from February 1, 1940, to Feb 22, 1941, that I last saw her alive on Feb 22, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Disease of the coronary arteries	4 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations ____ Of autopsy ____

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: Charles A. Chiles (M. D. or other) D.O.

Address: Granby, Mo. Date signed 3/3/41

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 2
District File Number 341-446
Date Filed JAN 13 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 Wm Morris Pogue, Registered Apprentice No. ..... working under my personal supervision.

Signed Wm Morris Pogue

Licensed Embalmer No. 3492

P. O. Address Wheaton, Mo

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

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