No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 30598
3355

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital #2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-25-41-9-5-41 (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 1615 Woodland Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME AMANDA ROULHAC
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive —— years
7. Birth date of deceased September 7 1880 (Month) (Day) (Year)
8. AGE: Years 60 Months 11 Days 28 If less than one day hr. min.
9. Birthplace Brenham, Texas (City, town, or county) (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business
MOTHER FATHER
12. Name Fridge Mollett
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace Deceased (City, town, or county) (State or foreign country)
16. (a) Informant George E. Gamble, son
(b) Address 1606 W. 39th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 11 41 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge
18. (a) Signature of funeral director Ideal Gift Home
(b) Address 4409 E. 23rd
19. (a) 9/8/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 5 year 1941 hour minute 6:30 P.M.
21. I hereby certify that I attended the deceased from August 23, 1941 to September 5, 1941; that I last saw her alive on September 5, 1941; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral thrombosis | |
| Due to arterio sclerosis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy Same as above | |

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M.D. or other)
Address Gen. Hosp #2 600 E. 22nd Date signed 9/5/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 L. G. Harris, Sr.

Licensed Embalmer No. 3388

P. O. Address K. C. Mo.

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

**If this body is not embalmed, fact should be so stated above.**