S. No. 2
—1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1942

Registration District No. 625

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3031

State File No. 42626

Registrar's No. 166

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

**1. PLACE OF DEATH:**
(a) County: Nodaway
(b) City or town: Maryville City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether
In this community: 45 yrs. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Mo. (b) County: Nodaway
(c) City or town: Maryville. (If outside city or town limits, write "RURAL")
(d) Street No.: 118 East Torrence (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: AMELIA OUTS.
3. (b) If veteran, name war: No — no middle name — Social Security No.: none.
4. Sex: F.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: John Outs.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Aug (Month) 10, (Day) 1856 (Year)

8. AGE: Years 85 | Months 4 | Days 8 | If less than one day hr. min.

9. Birthplace: Ill. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife.
11. Industry or business:
FATHER 12. Name: Not Known.
13. Birthplace: (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name: Not Known.
15. Birthplace: (City, town, or county) (State or foreign country) 9
16. (a) Informant: Ed Yohrmark
(b) Address: Maryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 21, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Miriam Cemetery.
18. (a) Signature of funeral director: Price Funeral Home
(b) Address: Maryville Mo.
19. (a) Dec - 22 - 41 (Date received local registrar) (b) Manuel E. Clardy (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 18 year 1941 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from May 12th 1937 to Dec 18th 1941 and that death occurred on the date and hour stated above. I last saw her alive on Dec 18th 1941

| | Duration |
|---|---|
| Immediate cause of death: Congestive heart failure | 6 hrs |
| Due to: Diabetes mellitus | 5 yrs |
| 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: L E Dean (M. D. or other) MD
Address: Maryville Mo Date signed 12-21-41

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1948

FEB 9 1948

## 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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville Mo.

**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.**