

FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2821

State File No. _____

Registration District No. 538

Primary Registration District No. 3028

Registrar's No. 80

1. PLACE OF DEATH: Madison
 (a) County _____
 (b) City or town Fredericktown
 (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 _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULLNAME Amanda Jane Revelle

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife John Revelle 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 17 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>8</u>	<u>14</u>	hr. _____ min.

9. Birthplace Mill Creek Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business X

12. Name Ely Tripp

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

14. Maiden name Eva Revelle

15. Birthplace Madison County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant R.P. Revelle (Son)

(b) Address Fredericktown, Mo.

17. (a) Burial (b) Date thereof 12 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Revelle Cem. (Rural)

18. (a) Signature of funeral director Stanley H. Arison

(b) Address Fredericktown, Mo.

19. (a) Dec 2 1941 (b) S. G. Slaughter
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Madison
 (c) City or town Fredericktown
 (If outside city or town limits, write "RURAL")
 (d) Street No. 203 Kelley Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1 year 1941 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from July 1 - 1938, to Dec 1 1941, that I last saw her alive on 12/1 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal indigestion
Due to Gastritis chronic

Other conditions arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 11813

Duration _____
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 W. Harry Borron (M. D. or other) 0

Address Fredericktown Mo Date signed 12/2-41

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

MOTHER FATHER

481

RECORDED

District Health Officer No. 4

District File Number 142-40

Date Filed 1-12-42

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.....

Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address

Fredericktown - 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.