V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44904

Registration District No. 343

Primary Registration District No. 6154

Registrar's No.

1. PLACE OF DEATH:
(a) County: Stoddard
(b) City or town: Rural; Richland Twp.
(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 years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED: 103
(a) State: Missouri (b) County: Stoddard 0
(c) City or town: Rural; Richland Twp. 0
(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.? 0 years.

3. (a) PRINT FULL NAME: Amanda Ellen Warren
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: Jas. D. Warren
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Feb. (Month) 18 (Day) 1885 (Year)

8. AGE: Years 58 Months 8 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace: Cotton Plant (City, town, or county) Ark. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business ____

FATHER
12. Name: George Rodgers
13. Birthplace: No Record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: No Record
15. Birthplace: No Record (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Jas. D. Warren
(b) Address: Rfd. Essex, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Taylor Cem.
18. (a) Signature of funeral director: Blankenship-Strickland
(b) Address: Dexter, Mo.
19. (a) Dec 13-43 (Date received by local registrar) Nora Travis (Registrar's signature)

1164

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1943 hour 5 minute 45 a. M.

21. I hereby certify that I attended the deceased from July 1 1943 to Nov 13 1943 that I last saw alive on Oct 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Neuro-Lymphomatosis of Spinal Cord (Lumbar Region)

Due to: 7

Due to: —

Other conditions: — 54 F
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: No

Duration

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): No
(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. L. Shaw D. (M. D. or other)
Address: Dexter Mo. Date signed 11-14-43

RECEIVED
District Health Office No. 2,
District File Number 1243-4363
Date Filed 12-16-43

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 J. E. Stratton

Licensed Embalmer No. 3479

P. O. Address Dexter, Miss.

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.