

Registration District No. 38 Primary Registration District No. 5d20

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Brown Station
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 1 Year:
years, months or days

3. (a) PRINT FULL NAME AMANDA HALL WOLFSKILL

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Barney Wolfskill

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

7. Birth date of deceased 10 - 28 - 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>10</u>	<u>7</u>	hr. _____ min.

9. Birthplace Rome Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Andrew Cooke

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

14. Maiden name Eliza Hall

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

16. (a) Informant Mrs. W.L. Coffeen

(b) Address Route 1, Brown Station, Mo.

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof 9-8-46
(Month) (Day) (Year)

(c) Place: burial or cremation DeSota, Missouri

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) 9-7-46
(Date received local registrar)

(b) Mrs R E Palmer
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone / 10

(c) City or town Brown Station
(If outside city or town limits, write "RURAL") / 5

(d) Street No. Route 1
(If rural, give location) / 5

(e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5
 year 1946 hour 7 minute 35 P. M.

21. I hereby certify that I attended the deceased from March 1946 to Sept 5 1946;
 that I last saw her alive on Sept - 4 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to _____

Due to fracture of hip about March 1946

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)

(c) Means of injury _____

23. Signature J. C. Suggett (M. D. or other) _____

Address Columbia, Mo. Date signed 9-7-46

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RECEIVED
District Health Officer No. 9,
District File Number 9-46-137
Date Filed 9-16-46

OCT 9 1946

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 Thomas L. Loring
Licensed Embalmer No. 4132
P. O. Address Columbia, 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.