

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE - THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1946
Registration District No. 47

Primary Registration District No. 3008

State File No. 29708
Registrar's No. 297

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton, Mo.
(c) Name of hospital or institution: G
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Amanda Brown Boyd
3. (b) If veteran, name war - 3. (c) Social Security No. -
4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Wheat 6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased June 27, 1853
(Month) (Day) (Year)

8. AGE: Years 93 Months 2 Days 8 If less than one day hr. min.

9. Birthplace New Bloomfield Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business
12. Name W. Mc Kamey
13. Birthplace W. K. (City, town, or county) (State or foreign country)
14. Maiden name Ann Scott
15. Birthplace W. K. (City, town, or county) (State or foreign country)

16. (a) Informant Otis Boyd
(b) Address Aurora, Mo.
17. (a) Burial (b) Date thereof Sept 7, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Aurora, Missouri
18. (a) Signature of funeral director Hughes Manspink
(b) Address Aurora, Mo.
19. (a) 9-7-1946 (b) Josie Morawickoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Aurora (If outside city or town limits, write "RURAL")
(d) Street No. 9 (If rural, give location)
(e) Citizen of foreign country? 9 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 5
year 1946 hour 2 minute 10 P.M.
21. I hereby certify that I attended the deceased from James 1944 to Sept 5th 1946
that I last saw her alive on Sept 5th and that death occurred on the date and hour stated above. 1946
Immediate cause of death a. attack of 24
hours duration
Due to Arterio Sclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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) _____
(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 _____
Signature J. M. [unclear] (M. D. or other) _____
Address Fulton Mo Date signed 9/7/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-46-68
Date Filed 9-9-46

SEP 14 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 Hughes Maupin
Licensed Embalmer No. 2358
P. O. Address Auxvasse, 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..