

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

14525

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 275

Primary Registration District No. 5943

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County XXXXXX Phelps

(b) City or town Edgar Springs
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Edgar Springs 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Amanda Jane McGuire

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 5. Color or race Wh.

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

6. (b) Name of husband or wife William H. McGuire

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

7. Birth date of deceased October 30, 1866
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>80</u>	<u>4</u>	<u>23</u>	hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 24 year 1947 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 20th 1947, to Mar 24 1947.

that I last saw her alive on March 24 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure of pulmonary congestion + pulmonary edema + generalised anaemia

Due to Rheumatic heart disease

Other conditions Senile Debility

(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Mace

13. Birthplace Tenn (State or foreign country)

14. Maiden name Mary Jackson, (City, town, or county)

15. Birthplace Tenn (State or foreign country)

16. (a) Informant Aud McGuire

(b) Address Edgar Springs, Missouri

17. (a) Burial (b) Date thereof Mar. 26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cemetery

18. (a) Signature of funeral director Null & Sons: F. H.

(b) Address Rolla Missouri

19. (a) 4-9-47 (b) Nadine L. Stoll
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy 958

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? 2

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Richard A. Hayes (M. D. or other) RD

Address Jefferson, Mo Date signed Mar 24 1947

380

(Licensed Embalmer's Statement on Reverse Side)

1947

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.....

S. B. [Signature]

Licensed Embalmer No.....

3394

P. O. Address.....

Roller 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.