

FILED AUG 29 1947 01
Registration District No.

Primary Registration District No. 5399

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Roy, Rural Campbell
(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 FULL NAME Amanda Wilson

3. (b) If veteran, name war No
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 Samuel W. Wilson
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased September 20, 1899
(Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 25
If less than one day hr. min.

9. Birthplace Numa, Okla.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Samuel H. Hedrick
13. Birthplace Evansville, Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie Bramer
15. Birthplace Clear Water, Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Wilson

(b) Address R. 2, Ave me

17. (a) Burial (b) Date thereof 7-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodhope

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) Aug 1-47 (b) Vestal Bushman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Roy, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5341
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1947 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Exhaustion

Due to Chronic Bronchitis

Due to Chronic Cholecystitis

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

23. Signature M. C. Gentry (M. D. or other)
Address Ava, Mo. Date signed 7-23-47

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

RECEIVED

District Health Officer No. 6,

District File Number 847-932

Date Filed AUG 28 1947

VS APR 28 1980

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..... *W.B. Hutchison*.....
Licensed Embalmer No. 3431.....
P. O. Address..... *Oran 2nd*.....

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.