No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 3 1947

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

27508

State File No.

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 183

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton Mo
(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 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry 42
(c) City or town Clinton Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. 310 W Clinton St 20
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Amanda Roder
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife J Wilton
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 27 (Day) 1872 (Year)

8. AGE: Years 75 ~~74~~ Months 8 Days 28 If less than one day hr. min.

9. Birthplace Terre Haute Ill 1 (City, town, or county) (State or foreign country)
10. Usual occupation Home work
11. Industry or business
FATHER
12. Name Wm Duff
13. Birthplace Ky 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Almira Patterson
15. Birthplace Ky 1 (City, town, or county) (State or foreign country)
16. (a) Informant Virgil Roder
(b) Address Clinton Mo
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Wright Creek
18. (a) Signature of funeral director Consolum & Peck
(b) Address Clinton Mo
19. (a) 8-27-47 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25 year 1947 hour 100 minute P M.

21. I hereby certify that I attended the deceased from 3/19 1943 to 8/25 1947 that I last saw her alive on 8/25 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia
Due to Retention of Urine
Due to Neoplasm of Urethra
Undiagnosed
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

135B

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Ch. C. Peelor (M. D. or other) MD
Address Clinton Mo Date signed 8/27/47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 8-47-103
Date Filed 9-2-47

SEP 8 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 J. E. Consalus

Licensed Embalmer No. 1891

P. O. Address Clinton 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.**