No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4987

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 906

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 30 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Jackson 999
(c) City or town Holliday City 14
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Mrs. Amanda Mitchener
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife D.W.Mitchener
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 15, 1852 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
95	6	10	hr. min.

9. Birthplace No data (City, town, or county) Indiana (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name Samuel Knight
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Ice
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant L. B. Mitchener
(b) Address Holliday Ks.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Neodesha Ks
18. (a) Signature of funeral director Simmons
(b) Address K C K
19. (a) 2-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25 year 48 hour 4 minute 57 P.M.
21. I hereby certify that I attended the deceased from Feb. 24, 1948, to Feb. 25, 1948 that I last saw her alive on Feb. 25, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	2 days
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 107	

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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature V. W. Harnell (M. D. or other) DO
Address 407 Wertheman Bldg Date signed 2-27-48

(Licensed Embalmer's Statement on Reverse Side)

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 H Simmons

Licensed Embalmer No. 3903

P. O. Address KOK

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.