

FILED DEC 11 1940

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

40039  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Rayne Registration District No. 893  
 (b) Township Cedar Creek Primary Registration District No. 6195a  
 (c) City Callender (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

AMANDA O WAKEFIELD  
 (a) Residence, No. Callender mo. St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Wakefield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rayne Co. Mo.

FATHER 13. NAME Thomas David

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

MOTHER 15. MAIDEN NAME Elmira Montgomery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rayne Co.

17. INFORMANT (ADDRESS) Madison Blaine Callender

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery DATE Nov. 18, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. D. Gish Callender mo.

20. FILED 5/13, 1940 J. F. Parsons Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938, to Nov. 15, 1938

I last saw her alive on Nov. 1, 1938 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Senile Debility

Date of onset

Other contributory causes of importance: 162

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) W. D. Gish M. D.

(Address) Callender, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 10023

10012A  
COPY PATH  
NOV 19 1958

**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, .....

*Norman W. Gush*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Norman W. Gush*

Licensed Embalmer No. *3987*

P. O. Address *Dedmont, N.Y.*

**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, above space should be left blank.**