

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.

JUL 18 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23035
Do Not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
 (b) Township Sugar Creek Primary Registration District No. 3034 Registered No. 121
 (c) City Moberly (d) Street No. McCormick Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred — yrs. — mos. 13 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Leonard Amick

(a) Residence, No. R.F.D. # 1 Cairo Missouri. St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Amick
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct., 19, 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 7 30
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) 1939 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Old Milton
 (STATE OR COUNTRY) Randolph Co. Missouri.

13. NAME Jack Amick
 14. BIRTHPLACE (CITY OR TOWN) Randolph County
 (STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Anna Jidders
 16. BIRTHPLACE (CITY OR TOWN) Randolph County
 (STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs. George L. Amick
 (ADDRESS) R.F.D. # 1 Cairo Missouri.

18. BURIAL, CREMATION, OR REMOVAL South of Clarence
 PLACE Union Cem. DATE June, 20, 1939

19. FUNERAL DIRECTOR (NAME) Snow Funeral Home
 (ADDRESS) Moberly Missouri.

20. FILED June 20, 1939 Paul Williams
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1939, to June 18, 1939

I last saw him alive on June 18, 1939. Death is said to have occurred on the date stated above, at 4:45 A.M.

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

nephritis
anemia 171
 Date of onset 6/11-39
 Other contributory causes of importance: renal
nephritis chronic interstitial

Name of operation _____ Date of _____
 What test confirmed diagnosis? Laboratory Was there an autopsy? no

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 _____
 Cause of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. J. McCormick, M. D.
 (Address) 319 Grand Ave., Moberly, Mo.

RECEIVED

District Health Officer No. 10

District No. ⁷⁻³⁹⁻¹²⁶⁶ JUL 12 1939

Date Filed

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 *myself*

and R. M. Qates, Registered Apprentice No. *185*
working under my personal supervision.

Signed

Thomas E. Barnes

Licensed Embalmer No. *2414*

P. O. Address *Waverly*

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.