

MISSOURI STATE BOARD OF HEALTH

2 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29803
Do not use this space.

REC'D SEP 8 1939

1. PLACE OF DEATH

(a) County Newton Registration District No. 611
 (b) Township Racine Primary Registration District No. 5815
 (c) City _____ (d) Street No. _____ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George H. Amon

(a) Residence, No. Racine, Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 5th 1850</u>				
7. AGE	YEARS <u>89</u>	MONTHS <u>3</u>	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Retired</u>			
	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) <u>Penn</u>				
FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS) <u>Mrs. Ruby Pittsman, Racine, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Seneca Mo.</u> DATE <u>AUG. 10 1939</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Hitchell-Chase, Seneca, Mo.</u>				
20. FILED <u>Aug 11 1939</u> <u>Merle Spaulin</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 9 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 1938, to Aug 9 1939
 I last saw him alive on Aug 7 1939. Death is said to have occurred on the date stated above, at 11:55 A M
 The principal cause of death and related causes of importance were as follows:
Pyro nephrosi

Other contributory causes of importance: 132 W

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____ (Signed) W. C. Bernard M. D.
 (Address) Seneca Mo

RECEIVED

District Health Officer No. 6,

District File No. 939-1766

Date Filed SEP 6 1939

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.....

Gail K. Gay

Registered Apprentice No. 189

working under my personal supervision.

Signed *Barley T. Simpson*

Licensed Embalmer No. 3259

P. O. Address Neosho Mo

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

If this body is not embalmed, above space should be left blank.

3259 PE