

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

REV. 5-17-39 1-110511

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40259**  
Registrar's No. **19**

Registration District No. **361**

Primary Registration District No. **57553**

1. PLACE OF DEATH:

(a) County **Miller** **2**  
(b) City or town **Olean, 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 **24 yrs.**  
years, months or days)

3. (a) PRINT FULL NAME **Henry Russell Amos** **520**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Rosetta M. Amos** 6. (c) Age of husband or wife if alive **65** years  
7. Birth date of deceased **Oct. 13, 1871**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**68** **1** **13** hr. min.

9. Birthplace **Cole County**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming** **0**

11. Industry or business **0**

MOTHER FATHER { 12. Name **Wilson Amos** **0**

13. Birthplace **Cole County** **Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Rebecca Stark**

15. Birthplace **Cole County** **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Sadie Wiser**

(b) Address **Olean, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 28, '39**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Olean, Mo. Cemetery**

18. (a) Signature of funeral director **Bourlin Funeral Home**

(b) Address **California, Mo.**

19. (a) **11-28-1939** (b) **Belle Haynes**  
(Date received local registrar) (Registrar's signature) **405**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Miller**  
(c) City or town **Olean**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **26**  
year **1939** hour **11** minute **A.** M.

21. I hereby certify that I attended the deceased from **July 1937** to **Nov. 26, 1939**  
that I last saw him alive on **Oct 26, 1939**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Coronary Thrombosis** Duration **1939**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **94 lb**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature **John E. Murrell** (M. D. or other) **104**

Address **Peruville, Mo.** Date signed **12/1/39**

RECEIVED

Miller County Health Dep't.

County File Number 37-133

Date Filed 12-11-29

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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 Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, 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, above space should be left blank.