

REG NO. NOV 15 1940 392
Registration District No. _____

Primary Registration District No. 4231

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Pilot Knob 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) 20
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life years, months or days

3. (a) PRINT FULL NAME Marie Ann Amelung

3. (b) If veteran, name war. # _____ 3. (c) Social Security No. # _____

4. Sex fem. 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Herman Amelung 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. 19, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 10 19 hr. _____ min.

9. Birthplace Pilot Knob Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation at home 6

11. Industry or business 6

12. Name Charles Schleuter

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Fredericka Wolff

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Hall

(b) Address Ironton Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/14/40 (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Knob Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Pilot Knob Mo.

19. (a) Oct. 14, 1940 (Date received local registrar) (b) L. J. Eslinger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Pilot Knob Mo. (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 October day 8 year 1940 hour 2 minute 45A M.

21. I hereby certify that I attended the deceased from August 21, 1940 to October 8, 1940; that I last saw her alive on October 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death acute leukemia Duration 2 mos.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

3511 (Specify type of place) While at work? (e) Means of injury _____

23. Signature Ben W. Bull (M. D. or other) M.D.

Address Ironton, Missouri Date signed 10-11-40

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

MOTHER FATHER

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

Amos J. White

Licensed Embalmer No.

3012

P. O. Address

W. South St.

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.