

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38674

State File No. ....

Registration District No. 303

Primary Registration District No. 5420

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Rural Roark  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Hermann, Missouri RFD  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 years (Specify whether years, months or days)  
In this community 13 years

3. (a) PRINT FULL NAME LILLY AMERLAND

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Dr. J. Henry Amerland 6. (c) Age of husband or wife if alive 3 years  
7. Birth date of deceased July 3 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 19 If less than one day  
hr. min.

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

10. Usual occupation Hwf.

11. Industry or business

12. Name Wm. Jaeck

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

14. Maiden name Amelia Von Buehler

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

16. (a) Informant Otto Sallee

(b) Address Hermann, Missouri RFD

17. (a) Burial (b) Date thereof 11/26/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amerland Cemetery

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Missouri

19. (a) 11-25-40 (b) Anna R. Rickhoff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 10 Miles West Of Hermann, Mo  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 55 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Nov. day 22  
year 1940 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov. 22, 1940

....., 19....., to....., 19.....;

that I last saw h. er alive on Nov. 22, 1940, 19.....;

and that death occurred on the date and hour stated above.  
Immediate cause of death Unknown chronic disease Duration 4yrs.

Due to.....

Due to.....

Other conditions Starvation  
(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?

While at work? 274 (Specify type of place) (e) Means of injury 3

23. Signature Ref. A. Jeter (M.D. or other) D.O.

Address Hermann, Mo Date signed 11/25/40

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

**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.....

*Hugo H. Blument*

Licensed Embalmer No. 3160

P. O. Address Hermann, 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, fact should be so stated above.**