

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

REV. 5-17-39 I 119511

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43990  
Registrar's No. 192

Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town MARSHALL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
No ODELL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community Most of Life (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME JAMES ELBERT McAMIS  
(b) If veteran, name war No (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 22 year 1940 hour 7:00 minute \_\_\_\_\_ A. M.

4. Sex MALE 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Hattie Hupp 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased Dec 23 1949  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1939, to Dec 22, 1940  
that I last saw him alive on Dec 22, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 11 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Arterial Sclerosis Duration 24  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions Hypertension  
(Include pregnancy within 3 months of death) arterial  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation FARMER

11. Industry or business FARM McAMIS  
MOTHER FATHER  
12. Name Wm McAMIS  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth McCallum  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

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) (e) Means of injury \_\_\_\_\_

16. (a) Informant's own signature GUY Mc. AMIS  
(b) Address MARSHALL Mo

17. (a) BURIAL (b) Date thereof Dec 23 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RIDGE PARK  
18. (a) Signature of funeral director Don A. Smith  
(b) Address Marshall Mo

19. (a) 1-2-40 (b) Mary Kent  
(Date received local registrar) (Registrar's signature)

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 7-10-41

**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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall 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.**