

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

7648

MAR 19 1941 593

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Montgomery
(b) City, or town New Florence Mo. (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None Known
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

In this community

3. (a) PRINT FULL NAME

MARY AMPLMAN

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 Married

6. (b) Name of husband or wife

John Amplman

6. (c) Age of husband or wife if

alive 59 years

7. Birth date of deceased

Nov 24 1889

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

56 57 3 9

hr. min.

9. Birthplace

St Charles County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

House Wife

11. Industry or business

MOTHER FATHER

12. Name

Henry Klausman

13. Birthplace

Unknown
(City, town, or county) (State or foreign country)

14. Maiden name

Miss Stueckler

15. Birthplace

Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant

John Amplman

(b) Address

New Florence Mo

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

Nov 5 1941
(Month) (Day) (Year)

(c) Place: burial or cremation

Catholic Cemetery

18. (a) Signature of funeral director

James A. Helm

(b) Address

Montgomery City Mo

19. (a)

3-4-41
(Date received local registrar)

(b)

James A. Helm
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Montgomery
(c) City or town New Florence Mo (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. None (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

March day 3rd

year 1941 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 5
1941 to Mar 3 1941;

that I last saw her alive on Mar. 3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Myocarditis

Duration

3 days

Due to

Carcinoma Stomach

Due to

Other conditions

(Include pregnancy within 3 months of death)

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?
5-2-3
While at work? (Specify type of place) (a) Means of injury

23. Signature James A. Helm (M. D. or other)
Address New Florence Mo. Date signed 3/5/41

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 7648

Registration District No. 593

Primary Registration District No. 57863

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Samuel J. P.
(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. years, months or days)

3. (a) PRINT FULL NAME

Mary Amptman

3. (b) If veteran, name war. 3. (c) Social Security No.
4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive, years
7. Birth date of deceased Nov 24 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 9 If less than one day, hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 5-6-41 (Date received local registrar) (b) J. A. Helm M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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.

20. DATE OF DEATH Month 3 day 3 year hour minute M.

21. I hereby certify that I attended the deceased from, 19, to, 19; that I last saw him alive on, 19; and that death occurred on the date and hour stated above. Immediate cause of death

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?

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

23. Signature James A. Helm (M. D. or other)

Address New Florence Date signed

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

