

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

8344

State File No. _____

Registrar's No. _____

MAR 19 1941 / 51
Registration District No. _____

Primary Registration District No. 6041

1. PLACE OF DEATH:

(a) County Seath
(b) City or town Illmo Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 - 1st St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 22 years
In this community _____

3. (a) PRINT FULL NAME

3. (b) If veteran, name war _____
3. (c) Social Security No. 100-100000

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula Amos
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased June 12 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER {
12. Name Jacob Amos
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lula Amos
(b) Address Illmo Mo

17. (a) Rural (b) Date thereof 2 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Righteous Cem. Illmo Mo

18. (a) Signature of funeral director W. J. D. D.
(b) Address Illmo Mo

19. (a) (Date received local registrar) _____ (b) W. J. D. D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Seath 1000
(c) City or town Illmo
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1941 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jan 30, 1941, to Feb 4, 1941;
that I last saw him alive on 2/4 1941, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Myocarditis
Influenza
Due to _____

Other conditions Severely ill
(Include pregnancy within 9 months of death)

Major findings:
Of operations none

Of autopsy none

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 Heart

23. Signature W. J. D. D. (M. D. or other) 0
Address Illmo Mo Date signed 2/5/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 2
District File Number 341-293
Date Filed 3/9/41

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.