

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 94

FILED MAR 11 1942

Registration District No. _____

Primary Registration District No. 2001

39
26

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hours
(Specify whether years, months or days)
In this community 2 Hours
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46
(c) City or town West Plains 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ray Amyx

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hannah Amyx 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Oct 4 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 3 29 hr. _____ min.

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

10. Usual occupation Contractor

11. Industry or business Road Construction

12. Name Sidney F. Amyx

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

14. Maiden name Agnes Patterson

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

16. (a) Informant M.C. Amyx

(b) Address West Plains, Mo.

17. (a) Burial (b) Date thereof Feb 6 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 2-6-42 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1942 hour 8 minute 15 p.m.

21. I hereby certify that I attended the deceased from 2/3/42
_____ 19____ to 2/3/42 19____
that I last saw him alive on 2/3/42 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration _____

Due to Dehydration, R. Quercus (Yellow) Anaphylaxis Liver

Due to Anaphylaxis, Supra-renal, Diminished vital capacity

Other conditions small lungs
(Include pregnancy within 8 months of death)

Major findings: Of operations 1250 PHYSICIAN _____

Of autopsy Cardiac Failure 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? _____

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

23. Signature W. J. Wiers (M. D. or other) _____

Address Hallard Bl. Springfield, Mo. Date signed _____

MAR 13 1942

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 Walter E. Hamellor

Licensed Embalmer No. 3808

P. O. Address Springfield 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.

X