

FILED MAR 12 1942

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 23

1. PLACE OF DEATH:

(a) County PHELPS
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community WIFE years, months or days)

3. (a) PRINT FULL NAME WINFORD AMOS VIA

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased JUNE 27 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation MANAGER

11. Industry or business WHOLESALE GROCERY CO

12. Name WESLEY A. VIA

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

14. Maiden name Elizabeth Simmons

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

16. (a) Informant Mrs Hazel Via

(b) Address 1100 Elm St Rolla

17. (a) BURIAL (b) Date thereof FEB 11 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ROLLA

18. (a) Signature of funeral director Ray Clark

(b) Address 508 W 8th St Rolla Mo

19. (a) 2-11-1942 (b) Rolla Mo
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PHELPS
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. 1100 ELM ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1942 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Dec. 15, 1941, to Feb 9, 1942
that I last saw him alive on Feb 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Chc myocarditis & congestive failure. 2 mo.
Due to Hypertension

Other conditions albuminuria
(Include pregnancy within 3 months of death)

Major findings: Of operations 93d
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? _____

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

23. Signature E. E. Feind M.D. (M. D. or other) _____

Address Rolla Mo. Date signed 2-10-42

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

MOTHER FATHER

1
2
2

1072

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 *Gen H Clark*

Licensed Embalmer No. *4216*

P. O. Address *Rolla 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.