U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15086

State File No.

Registration District No. 625 Primary Registration District No. 3031 Registrar's No. 54

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

74/2

1. PLACE OF DEATH
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks 4 ds (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Nodaway 75
(c) City or town Conception 0
(If outside city or town limits, write "RURAL")
(d) Street No. Conception Abbey 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Albert Adolph Amstad
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 W
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June 10, 1879 (Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 15 If less than one day — hr. — min.

9. Birthplace Buochs (City, town, or county) Switzerland (State or foreign country)
10. Usual occupation Clergyman, Professor
11. Industry or business —
FATHER
12. Name Joseph Amstad
13. Birthplace Buochs (City, town, or county) Switzerland (State or foreign country)
MOTHER
14. Maiden name Caroline Ackermann
15. Birthplace Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant F. Adelhelm Hess
(b) Address Conception Abbey
17. (a) (Burial, cremation, or removal) (b) Date thereof Apr 28 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Conception Mo
18. (a) Signature of funeral director Proctor & Phillips
(b) Address Conception Jct Mo
19. (a) April 27, 1942 (Date received local registrar) (b) Mark Coile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 25 year 1942 hour 6 15 minute P. M.
21. I hereby certify that I attended the deceased from Apr 10, 1942 to Apr 25, 1942 that I last saw him alive on Apr 25, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Nephritis with anuresis	Apr 17
Diabetes mellitus	
Due to Streptococcus Septicemia	Apr 8
Due to Operation of rectal abscess operated on about	Apr 6
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 61
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? (Specify type of place)
While at work? (e) Means of injury D

23. Signature J. M. Bayles (M. D. ~~or other~~)
Address Conception Junct Date signed 4-26-42

1268 (Licensed Embalmer's Statement on Reverse Side)

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. ~~1898~~,

working under my personal supervision.

Signed Jaton Phillips

Licensed Embalmer No. 1898

P. O. Address Stanberry 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.