

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 8 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31505

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Farmfelt
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Farmfelt, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 mo 27 days years, months or days

3. (a) PRINT FULL NAME

Jackie Eugene Ames

3. (b) If veteran, name war _____

3. (c) Social Security No. 4

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 26 1942 (Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Norman Amos
13. Birthplace Cardonville Mo. (City, town, or county) (State or foreign country)
14. Maiden name Opal Lee M. Kinney
15. Birthplace Farmfelt Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Norman Amos
(b) Address Farmfelt, Mo.

17. (a) Buried (b) Date thereof 9-14-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buried in Cemetery

18. (a) Signature of funeral director W. J. Haman
(b) Address Cape Girardeau

19. (a) Sept 15 1942 (b) Dr. J. M. Knight (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13th year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 2 to Sept 13 1942
that I last saw him alive on Sept 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia 2 da.

Due to _____

Due to _____

Other conditions Acute Enteritis (Include pregnancy within 3 months of death)

Major findings: Of operations 1190

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) (c) Means of injury 2

23. Signature Benton J. Wilson (M. D. or other) D.O.
Address Farmfelt, Mo. Date signed 9/13/42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1219

RECEIVED

District Health Office No. 2,

District File Number 10-42-1228

Date Filed 10-6-42

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, fact should be so stated above.