

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33081

State File No.

NOV 14 1942

Registration District No.

Primary Registration District No. 5044

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Warsham Rural
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 weeks
In this community 2 weeks
years, months or days

3. (a) PRINT FULL NAME Amos Henry Atweh

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

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elzie Marie
6. (c) Age of husband or wife if at death 40 years
7. Birth date of deceased Sept 28 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 21 Days 21
If less than one day hr. min.

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

10. Usual occupation Retired laborer

11. Industry or business

12. Name Geo Atweh
13. Birthplace Miller Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy King
15. Birthplace Miller Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant C. C. Blumell
(b) Address Monett, Missouri

17. (a) Removal (b) Date thereof 10 19 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Marshall
(b) Address Cassville Mo

19. (a) Oct 22 1942 Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Wash
(If outside city or town limits, write "RURAL")
(d) Street No. North Warsham 2 miles
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.

Due to Gunshot wound through
neck
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
1640
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) Suicide
(b) Date of occurrence Oct 18 1942
(c) Where did injury occur? Warsham Barry Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? No Means of injury Gun Shot
23. Signature John P. Erickson (M. D. or other) Dr.
Address Wheaton Mo Date signed Oct 20 42

(Licensed Embalmer's Statement on Reverse Side)

Coroner of Barry Co

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

RECEIVED

District Health Officer No. 6,

District File Number 1142-1602

Date Filed NOV 12 1942

DEC 3 - 1942

NOV 17 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.....

John E. Myers

Licensed Embalmer No. 3220

P. O. Address. Carmille, 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.