

S. No. 2
M-542
5-17-39
1 X3277

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14833

State File No.

ED APR 27 1943

Registration District No. 06

Primary Registration District No. 3042

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Fredericktown
(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 53 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Ammon

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alice Ammon 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Jan 27 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Alton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

MOTHER FATHER

12. Name John Edward Ammon

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

14. Maiden name Caroline Bacheldt

15. Birthplace Illinois (Collins Co)
(City, town, or county) (State or foreign country)

16. (a) Informant Ed of Ammon

(b) Address Fredericktown

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Christian Cem. Fredericktown

18. (a) Signature of funeral director Ed H. Webb
(b) Address Fredericktown MO

19. (a) Apr 11 1943 (Date received local registrar) (b) S. A. Slawater (Registrar's Name)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madison
(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1943 hour 1 o'clock minute P.M.

21. I hereby certify that I attended the deceased from Apr. 1 - 1943 to Apr. 9 1943
that I last saw him alive on Apr 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Total Paralysis; Hemiplegia with etc. Brain

Due to Stroke
Due to Stroke
Other conditions (Include pregnancy within 3 months of death) Stroke

Major findings: Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury Stroke

23. Signature M. B. Barber (M. D. or other) Address Fredericktown Mo Date signed 4/11/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

491

(Licensed Embalmer's Statement on Reverse Side)

APR 28 1943

RECEIVED

District Health Officer No. 4
District File Number 443-2096
Date Filed 4-26-43

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 H. Hall

Licensed Embalmer No. 4264

P. O. Address *Fredericktown, 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.