

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

Registration District No. **1000**

Primary Registration District No. **3000**

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Kirksville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
916 E Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **Most of Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Adair**
(c) City or town **Kirksville**
(If outside city or town limits, write "RURAL")
(d) Street No. **916 E. Harrison**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Emma Ellen Amon**

3. (b) If veteran, name war.....
3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W 2**

6. (b) Name of husband or wife **James Amon** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **April 24 1863**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 1 25 hr. min.

9. Birthplace **Mercer Co Penn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Wakeman Scrivens**

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

14. Maiden name **Martha Mc Cartney**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy Amon**

(b) Address **Kirksville, Mo.**

17. (a) **Burial** (b) Date thereof **6/22/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Refuge Cemetery**

18. (a) Signature of funeral director **D. E. Riley**

(b) Address **Kirksville, Mo.**

19. (a) **6/25/43** (b) **Miss L. Wayner**
(Dyle received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19**
year **1943** hour **10:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 1943** to **June 19, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**

Due to **✓**

Due to **✓**

Other conditions (Include pregnancy within 3 months of death) **✓**

Major findings: Of operations **✓**

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature **L. J. Cameron** (M. D. or other).....
Address **410 E. Jefferson** Date signed **6/25/43**

RECEIVED

District Health Officer No. 10

District File Number 7-43-1188

Date Filed JUL 30 1943

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 W. E. Riley

Licensed Embalmer No. 4181

P. O. Address Wentworth 20

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.