

Registration District No. **187**

Primary Registration District No. **3040**

Registrar's No. **133**

59  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Lickingstone**  
(b) City or town **Chillicothe**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**79 Hickory St. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 Months**  
(Specify whether  
In this community **40 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lickingstone**  
(c) City or town **Chillicothe**  
(If outside city or town limits, write "RURAL.")  
(d) Street No. **427-Mechanic St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **✓**

3. (a) PRINT FULL NAME **Georgia B. Amey**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **2**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Amos A. Amey** 6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **Aug 6 - 1864**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **13** Days **23** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **James Blankenship**  
13. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mariah Doran**  
15. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ethel E. McHeltie**

(b) Address **701 West Berry St. Wayne Ind**

17. (a) **Burial** (b) Date thereof **12-2-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Edgar Wood Cem.**

18. (a) Signature of funeral director **James Gordon**

(b) Address **Chillicothe Mo.**

19. (a) **Dec 2 - 1943** (b) **Lois Elba Cox**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **29**  
year **1943** hour **11** minute **30 P.** M.  
21. I hereby certify that I attended the deceased from **Nov 15**  
**1943** to **Nov 29**, **1943**  
that I last saw **her** alive on **Nov 29**, **1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**  
Due to **arterio-sclerosis**  
Due to

Other conditions (Include pregnancy within 3 months of death) **§3a**  
Major findings: Of operations  
Of autopsy  
PHYSICIAN

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?

23. Signature **J. M. Russell** (M. D. or other)  
Address **Chillicothe Mo.** Date signed **12/1/43**

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**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.....

*James D. Gordon*

Licensed Embalmer No. *1870*

P. O. Address *Lehillicoche, 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.**