

**FILED JUN 28 1944**

Registration District No. \_\_\_\_\_

Primary Registration District No. 3016

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
306 East Miller Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 25 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole  
(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 306 East Miller Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Elijah Amos

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nora Amos 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased July 2 1864  
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Cole County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Isaiah Amos  
13. Birthplace Cole County, Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Mr Lemmie Burchett  
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof May-20-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos J. Lorde

(b) Address Jefferson City, Missouri

19. (a) 5-19-44 (b) Theresa Richter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1944 hour 3:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 4-8-44 to 5-18-44  
that I last saw him alive on 5-18-44  
and that death occurred on the date and hour stated above.

Immediate cause of death Cronary Thrombosis 2 days  
Due to Chronic Myocarditis 7 yrs

Due to Arteriosclerosis 7 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 \_\_\_\_\_

23. Signature D. J. Lorde (M. D. or other) \_\_\_\_\_  
Address Jefferson City, Mo Date signed 5-19-44

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

6  
5  
4

892

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 6-2-44

**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. 1786

P. O. Address Jefferson City, 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.