

FILED JUL 13 1944

Registration District No. 75.5

Primary Registration District No. 5578

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town West City, Mo.
(c) Name of hospital or institution R. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town West City 49
(d) Street No. R. #1
(e) Citizen of foreign country? (Yes or No) No
If yes, name country _____

3. (a) PRINT FULL NAME Francis Fred Amos

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 20, 1923 (Month) (Day) (Year)

8. AGE: Years 21 Months 5 Days X If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Frederick L. Amos

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

14. Maiden name Ruth Graham

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

16. (a) Informant Mrs. Edith Amos

(b) Address #1, West City

17. (a) Burial (b) Date thereof June 25, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Carthage, Mo.

18. (a) Signature of funeral director _____ (b) Address West City, Mo.

19. (a) Date received local registrar June 23, 1944 (b) Registrar's signature Mrs. Lillie Eagle

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1944 hour 7:30 minute A.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death: Struck by lightning while in field
Due to _____
Due to _____

Other conditions: 192 (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) accident 049

(b) Date of occurrence June 20, 44

(c) Where did injury occur? Jasper, Mo. (City or town) (County) (State)

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

(Specify type of place) While at work _____ (e) Means of injury lightning

23. Signature R. Webster (M. D. or other) Carthage, Mo. Date signed June 20, 44

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

100

44-6-337

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 myself
..... Registered Apprentice No.
working under my personal supervision.

Signed W. Layton M. Johnston
Licensed Embalmer No. 4304
P. O. Address Webb 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.