

V. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36871

25350

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 21 1944

Registration District No. 256

Primary Registration District No. 4388

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Osage age 80

(b) City or town Chamois  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0  
(Specify whether years, months or days)

In this community 0  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Osage 76

(c) City or town Chamois 0  
(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 0

3. (a) PRINT FULL NAME Ann Jemima Ames S

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

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

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive 14 years (Month) (Day) (Year)

7. Birth date of deceased Oct. 14 1863  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1944 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 1-20 1944 to 6-21 1944 that I last saw her alive on June 21st 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Renal insufficiency</u>	<u>1 wk</u>
Due to <u>Chronic nephritis</u>	<u>5 yr.</u>
Due to <u>Hypertensive heart disease</u>	<u>8 yr.</u>
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN  Underline the cause to which death should be charged statistically.
Of autopsy	

1312

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

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

10. Usual occupation House wife

11. Industry or business

12. Name Wm. S Alexander

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

14. Maiden name Eliza J. Colman

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

16. (a) Informant Lester Ames  
(b) Address Chamois Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-44 (Month) (Day) (Year)  
(c) Place: burial or cremation Shirley Cemetery

18. (a) Signature of funeral director Clyde Maston  
(b) Address Levin Mo

19. (a) June 24 1944 (Date received local registrar) (b) Esther Souder (Registrar's signature)

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) (e) Means of injury

23. Signature J. C. Hausworth (M. D. or other) D.O  
Address Chamois, Mo. Date signed 6-24-44

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

600

570

(Licensed Embalmer's Statement on Reverse Side)

DEC 14 1944

APR 29 1945

**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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Linn

**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.