

7. S. No. 2
DOM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25490

FILED JUL 21 1944

State File No. _____

Registration District No. 290

Primary Registration District No. 5983

Registrar's No. (21) 67

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Fort Leonard Wood, Missouri

(c) Name of hospital or institution: Regional Station Hospital
Allen's way
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs., 15 min
(Specify whether years, months or days)

In this community 18 years 10
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85

(c) City or town Waynesville 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country -- 0

3. (a) PRINT FULL NAME Rebecca Ann Amrine

(b) If veteran, name war --

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1944 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from 5:30 PM
26 June 1944 to 26 June 1944
that I last saw her alive on 26 June 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased 1926
(Month) (Day) (Year)

Immediate cause of death Toxemia 3 hrs
Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>18</u>			hr. _____ min.

Due to Burns, 2nd degree entire body

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

10. Usual occupation none

Other conditions 181-15
(Include pregnancy within 3 months of death)

11. Industry or business none

MOTHER FATHER { 12. Name Jake Amrine

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

14. Maiden name Ainese Weidon

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

Major findings: None
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant H. Ray York

(b) Address Waynesville, Mo

17. (a) Burial (b) Date thereof 6/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gospel Ridge Cem.

18. (a) Signature of funeral director J. H. Hoops & Sons

(b) Address Crocker Mo

19. (a) June 27 1944 (b) Robert A. Murrav
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 085

(b) Date of occurrence 26 June 1944

(c) Where did injury occur? Waynesville Pulaski Mo
(City or town) (County) (State)

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

While at work? _____ (e) Means of injury Kerosene

23. Signature C.T. Angione ht M.C. stove
(M. D. or other)

Address Fort Leonard Wood Date signed 6/27/44

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

85000

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 Paul B. Hoops

Licensed Embalmer No. 3261

P. O. Address Waynesville, N.C.

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.