

S. No. 2  
1-1-4-41  
7. 5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 13 1944

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30767  
State File No. \_\_\_\_\_  
Registrar's No. 218

Registration District No. 77 Primary Registration District No. 3016

1. PLACE OF DEATH:  
(a) County Cole  
(b) City or town Jefferson City  
(c) Name of hospital or institution: St. Mary's Hospital  
(d) Length of stay: 8 hours  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME THOMAS GROVER AMSBURY  
3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife VERA ARMSBURY 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Nov. 4 1884  
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Producer

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

MOTHER FATHER { 12. Name Unknown  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Clinton, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T. H. Ambsbury  
(b) Address 831 West 3rd

17. (a) Burial (b) Date thereof 9-28-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Edson Cemetery

18. (a) Signature of funeral director Phillips Funeral Home  
(b) Address Edson, Mo.

19. (a) 9-29-44 (b) Therma Richter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Miller  
(c) City or town Edson  
(If outside city or town limits, write "RURAL")  
(d) Street No. 331 W. 3rd St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 15th  
year \_\_\_\_\_ hour 12:40 minute 10 A M.  
21. I hereby certify that I attended the deceased from Sept 5  
1944 to Sept 15 1944  
that I last saw him alive on Sept 15  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Ischemic Heart Disease  
Due to hypertension  
Due to \_\_\_\_\_

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 94  
Of autopsy \_\_\_\_\_

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 W. D. ... (M. D. or other)  
Address \_\_\_\_\_ Date signed 9-26-44

Duration  
6 hrs  
7  
6 days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

341  
2/1/45

894

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1945

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-12-44

**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.....

Louis D. Phillips, Registered Apprentice No.....  
working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Edison

**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.**