S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30105

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 992

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Methodist Missouri Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: about 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 413 So. 17 St. (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Maybell D. Amos
3. (b) If veteran, name war: None
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: D. J. Amos
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: June (Month) 9th (Day) 1902 (Year)

8. AGE: Years 43 | Months 3 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace: Seline (City, town, or county) Como (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: none
12. Name of father: John Watson
13. Birthplace of father: Seline Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name of mother: Birdie Johnson
15. Birthplace of mother: Saline Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: D. J. Amos
(b) Address: 413 So. 17 St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-19-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Ramsey & Son
(b) Address: 1602 Messanie
19. (a) 9-20-45 (Date received local registrar) (b) H. J. Mustain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13, year 1945 hour 11 minute 0 A.M.
21. I hereby certify that I attended the deceased from Aug. 13, 1945, to Aug. 13, 1945, that I last saw him alive on Aug. 13, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Toxic Heart	5 days
Due to: Acute appendicitis	5 days
Due to: Pyo Salpenzo-ovaritis	?
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: Acute appendicitis · Pyo-Salpenzo-ovaritis · Myomata uteri
Of autopsy: Toxic Heart

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

23. Signature: Albert H. Meunch (M. D. or other) M.D.
Address: St. Joseph, Mo. Date signed 9-17-45

(Licensed Embalmer's Statement on Reverse Side)

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 E. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address.....

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.