

8. No. 2
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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

State File No. 32790

FILED DEC 3 1945
Registration District No. 18-1740

Primary Registration District No. 56494290

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Foley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 1/2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Foley, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary Bowles Amlung

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1945 hour 9 minute 4 M.

21. I hereby certify that I attended the deceased from September 25, 1945 to November 13, 1945
that I last saw her alive on November 9, 1945
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 widowed
6. (b) Name of husband or wife Jacob Amlung 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased May 24 1874
(Month) (Day) (Year)

Immediate cause of death CARCINOMA of Descending colon

8. AGE: Years 71 Months 5 Days 19 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Major findings: Of operations 462
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Wm Bowles
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name ANNA BUCKMAN
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emery Drayden
(b) Address Foley, Mo
17. (a) Removal (b) Date thereof 11-13-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

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? _____

18. (a) Signature of funeral director Clifton Miller
(b) Address Elbert, Mo
19. (a) Nov. 28-46 (b) Mrs. J. A. Drayden
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Richard P. Wellborn (M. D. or other) DO
Address Liberty, Missouri Date signed 4/3/45

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

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1417

(Licensed Emballer's Statement on Reverse Side)

DEC-5-1945

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 Nov 13-19

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

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elabery, 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.