S. No. 2
M—8-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40517

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1325

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: 2125 So 3rd /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community Life

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. 2125 So 3rd 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Patricia Maxine Amos
3. (b) If veteran, name war —
3. (c) Social Security No. —
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 Nov (Month) 11 (Day) 1943 (Year)

8. AGE:	Years	Months	Days	If less than one day
	2	0	26	..... hr. ..... min.

9. Birthplace St Joseph (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Melvin Amos
13. Birthplace St Joseph (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Velma Perman
15. Birthplace St Joseph (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Melvin Amos
(b) Address St Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Auburn Cem.
18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph, Mo.
19. (a) Dec 17-1945 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1945 hour 6 minute A.M.
21. I hereby certify that I attended the deceased from 6 December 45, 19.. to 6 December 45, 19.. and that I last saw her alive on 6 December 45, 19.. and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gastro Enteritis	
Convulsive Seizure	I Day
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: None
Of operations
None
Of autopsy

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 0
23. Signature [illegible] (M. D. or other)
Address St. Joseph, Mo. Date signed 7 Dec 45

1428

(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 Robert L Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.