

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

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED SEP 4 1946 STANDARD CERTIFICATE OF DEATH

26487

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 294

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 days (Specify whether
In this community 3 days years, months or days)

3. (a) PRINT
FULL NAME

Henry F. Amelunke

3. (b) If veteran,
name war. _____

3. (c) Social Security
No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
divorced Married
6. (b) Name of husband or wife Opal Hitt 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased January 20th 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 7 3 hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Amelunke 7
13. Birthplace Don't Know (City, town, or county) (State or foreign country)
14. Maiden name Alvina Sprenger 0
15. Birthplace Gordonville, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Opal Amelunke
(b) Address Chaffee, Mo. R.F.D. # 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L.L. Haman
(b) Address Cape Girardeau, Missouri.

19. (a) 8-31-1946 (Date received local registrar) (b) G. C. Semmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Chaffee, Mo. R.F.D. # 3 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd
year 1946 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from
8-20 to 8-23 1946
that I last saw him alive on 8/23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
penetrating wound
of PERINEUM + Pelvis
Due to Hay Fork

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

Major findings:
Of operations 175 C-X
Of autopsy 3
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 100
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 8/20/46
(c) Where did injury occur? Chaffee Mo
(City, town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes (Specify type of place) Fall on
While at work? Yes (e) Means of injury Hay Fork
23. Signature G. C. Semmes (M. D. or other) Reg.
Address Cape Girardeau, Mo. Date signed 8/29/46

RECEIVED

District Health Officer No. 4
District File Number 946-2552
Date Filed 9-3-46

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 L. L. Hansen

Licensed Embalmer No. 2863

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.