No. 2
I—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 1 1946

State File No. 33130

Registration District No. 98

Primary Registration District No. 5376

Registrar's No. 477

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Rural;;Center Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Farm 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years (Specify whether
In this community No Record years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 4 miles West Greenfield
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME AMOS HOLMAN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife No Record

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased No Record (Month) (Day) (Year)

8. AGE: Years No Record | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace No Record (City, town, or county) 9 (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name No Record 9
13. Birthplace No Record (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) 9 (State or foreign country)

16. (a) Informant County Court 1

(b) Address Greenfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-46 (Month) (Day) (Year)

(c) Place: burial or cremation Rice Cemetery

18. (a) Signature of funeral director Sam E. Sensenney Jr.

(b) Address Greenfield, Mo.

19. (a) 10-25-46 (Date received local registrar) (b) Geo L. Weir (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21 year 1946 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from 1 10-10, 1946 to 10-21, 1946 that I last saw him alive on 10-10, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 10

23. Signature H. O. Cowan (M. D. or other)

Address Greenfield Mo Date signed 10-23-46

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(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.....Sam E. Sensenney Jr.

Licensed Embalmer No.....4099

P. O. Address.....Greenfield, 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.