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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1947

Registration District No. 77

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39996

Primary Registration District No. 3016

Registrar's No. 300

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 weeks (Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 809 East McCarty Street 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Cordell D. Amos

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 8 (Day) 1864 (Year)

8. AGE: Years 82 Months 7 Days 22 If less than one day hr. min.

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

10. Usual occupation Retired Shoe Worker

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Bess Amos
(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-1-1947 (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thorp J Gordon
(b) Address Jefferson City, Missouri

19. (a) 12-31-46 (Date received local registrar) (b) R. P. Darris MD (Registrar's signature) MR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1946 hour 7 30 minute a M.

21. I hereby certify that I attended the deceased from Nov 2, 1946 to Dec 30 1946 that I last saw him alive on December 29 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 137 PO

Major findings: Of operations Prostatectomy 2 yrs ago

Of autopsy

Duration

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 J G Bruce (M. D. or other) MD

Address Jefferson City Date signed 12/31/46

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 9,

District File Number JAN 7 1947

Date Filed

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 Fred P Duell

Licensed Embalmer No. 3890

P. O. Address Jefferson City Me

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.