

FILED MAR 21 1947
Registration District No. 336

Primary Registration District No. 6209

Registrar's No. 94

1. PLACE OF DEATH:

- (a) County Jefferson
(b) City or town Rural Cincy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

3. (a) PRINT
FULL NAME

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 3 1877
(Month) (Day) (Year)

- | | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 70 | 1 | 17 | hr. min. |

9. Birthplace Texas Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation..... house wife

11. Industry or business

12. Name. Julius Amen Amber
13. Birthplace. Unknown
14. Maiden name. Massari Starr
15. Birthplace. Unknown

16. (a) Informant: Mrs. Luther Hughes
(b) Address: Yukon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/23/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Ark

18. (a) Signature of funeral director *Rayford V. C. Clark*
 (b) Address *Houston, Mo.*
19. (a) *Feb. 22-48* (b) *Myrtle Craig*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Ind. (b) County Delaware
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7th S.E. Bristol
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1947 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from D.D. Mort. Serv. Co., 19
that I last saw him alive on , 19
and that death occurred on the date and hour stated above.
Immediate cause of death supposed heart Duration
transill

- Due to _____

- Due to _____

- Other conditions.
(Include pregnancy within 3 months of death)

- Major findings:**

- Of operations

- Of autopsy

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? _____

- While at work? ^(Specify type of place) (c) Means of injury
23. Signature *J.P. [illegible]* (M. D. or other)
Address *[illegible]* Date signed *7-21-61*

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District

No. 5,

District

347124

Date Filed

3-14-47

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Tex

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.