

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14247

State File No. _____

Registration District No. 212

Primary Registration District No. 5780

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Ottumville
(c) Name of hospital or institution: Salme Township
(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 MARY ARIZONA AMOS

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Raymond Amos 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased June 3 1871 (Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Bond

13. Birthplace Mo. (City, town, or county) (State or foreign country)

14. Maiden name Jane Sterling

15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Amos

(b) Address Ottumville, Mo.

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation: Allen Cemetery

18. (a) Signature of funeral director James D. Pheasant

(b) Address Osceola Mo.

19. (a) 4-11-47 (b) Alvinetta Walt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller
(c) City or town Ottumville
(If outside city or town limits, write "RURAL")
(d) Street No. Salme Township
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1947 hour 12 minutes 40 A.M.

21. I hereby certify that I attended the deceased from 2/15 to 4/10 1947
that I last saw her alive on 4/9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uraemic Coma to 60%

Due to _____

Due to Chronic Interstitial Nephritis

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) (e) Means of injury _____

23. Signature Eldon Waller (M. D. or other) _____

Address Eldon Mo Date signed 4/17/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4-21-47 Date Filed

 District File Number

District Health Officer No. 9,

RECEIVED

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.....

Louis R. Phillips, Registered Apprentice No.
working under my personal supervision.

Signed

Louis R. Phillips
Licensed Embalmer No. 3669

P. O. Address Bedford

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.