S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1947

Registration District No. 2973

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5913

State File No. 14454

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Perry

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

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 22-2-10
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

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

(d) Street No. .....
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Gilbert J. Amberger

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

3. (c) Social Security No. 489-22-4671

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Jestine Amberger

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased February (Month) 21 (Day) 1925 (Year)

8. AGE: Years 22 Months 2 Days 10 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Otto Amberger
13. Birthplace Perry Co.... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ella Phillips
15. Birthplace Perryville Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Jestine Amberger

(b) Address Belgeque Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo

19. (a) 5-7-47 (Date received local registrar) (b) [illegible] (Registrar's signature) 250

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Coroner of Perry County, Mo., 19..., to ....., 19...; that I last saw h..... alive on Coroner of Perry County, Mo., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental drowning

Due to .....

Due to .....

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

Major findings:
Of operations .....

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) Accident

(b) Date of occurrence 5/1/47

(c) Where did injury occur? Belgique (City or town) Perry (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? FARM IN FLOOD WATER (Specify type of place)

While at work? ..... (e) Means of injury 2

23. Signature [illegible] (M. D. or other) DC

Address Perryville Date signed 5/1/47

(Licensed Embalmer's Statement on Reverse Side)

Coroner of Perry County, Mo.

Health Officer No. 4
File Number 547-192
Date Filed 5-14-47

JUL 28 1949

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 Frederic W Bane, Registered Apprentice No. 510, working under my personal supervision.

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.