

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 49

Registration District No. 236

Primary Registration District No. 5819

1. PLACE OF DEATH:
(a) County MORGAN
(b) City or town RURAL OSAGO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community 3 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. 300 W 12th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elmer C. Ambrose M.D.
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 15
year 1947 hour 12 minute 10 A. M.
21. I hereby certify that I attended the deceased from Oct 14
1947 to Oct 15 1947
that I last saw him alive on Oct 15 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MERRICK CARMAJUNE WYATT
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased April 4 1892
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration 6 hrs

8. AGE: Years 55 Months 6 Days 11
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace GRAVITY, IOWA
(City, town, or county) (State or foreign country)

Other conditions Chronic Asthma years
(Include pregnancy within 3 months of death)

10. Usual occupation PHYSICIAN

Major findings: Of operations _____

11. Industry or business Medicine

Of autopsy Aut
Underline the cause to which death should be charged statistically.

12. Name HENRY Ambrose

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

14. Maiden name AMELIA Fleming

15. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. E.C. Ambrose
(b) Address TRENTON, MISSOURI

17. (a) Signature of funeral director J. L. Washburn
(b) Address 10-15-47

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

19. (a) 10-15-47 (b) J. L. Washburn
(Date received local registrar) (Registrar's signature) (M.D. or other)

(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? 1
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. L. Washburn (M. D. or other) M.D.
Address 10-15-47 Date signed 10/15/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER IN LAW
Mrs. Dugan
11/15/47

JAN 27 1948

JAN 22 1948

RECEIVED

District Health Officer No. 2
District File Number
Date Filed

OCT 28 1947

NOV 6 1947

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 *Gene A. Hartman*

Licensed Embalmer No. *4021*

P. O. Address *VERBANKS, 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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Grundy }
County of County } ss.

State File No. _____
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 4th day of November, 1947, before me appears _____

Carma M. Ambrose, who, upon her oath, states that the original record of ^{birth} death

for Elmer C. A. brose, M.D. died October 14th, 1947, in the State of

Missouri, and which was filed at Bureau of Census on Oct. 28, 1947, should be corrected as follows:

Item No. 6 B should read Carma June Merrick

Instead of 11 11 Myrick

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Carma M. Ambrose wife Relationship.
300 West 12th Street
Trenton, Missouri
Present Address.

Subscribed and sworn to before me this 4th day of November, 1947.

My Commission expires _____
Allen M. Hall
Clerk of Magistrate Court, ~~Notary Public~~
Grundy County, Missouri

Affidavits containing erasures will not be accepted; draw one line through error, and write above it.

NOV 5 1947

S-35114