

FILED DEC 12 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. **3627**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Laclede**  
(b) City or town **Orla (Rural)**  
(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 **entire life** years, months or days

3. (a) PRINT FULL NAME **May AMOS**

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

4. Sex **7** / 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Noah Amos** 6. (c) Age of husband or wife if alive **65** years  
7. Birth date of deceased **Oct. 10 1895**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**52 1 13** hr. \_\_\_\_\_ min.

9. Birthplace **Laclede Co. Mo.** 6  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Richard L. Lewis**

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

14. Maiden name **Isabelle Spencer**

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

16. (a) Informant **Cleo Amos**

(b) Address **Lebanon Mo.**

17. (a) **Burial** (b) Date thereof **11-26-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hugh Chapel**

18. (a) Signature of funeral director **W. H. Helms**

(b) Address **Lebanon Mo.**

19. (a) **Dec 6, 1947** (b) **Dr. Frank**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Laclede** 53  
(c) City or town **Orla Rural** 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **23**  
year **1947** hour **11** minute **25** P.M.

21. I hereby certify that I attended the deceased from **11-22**, 19**47** to **11-29**, 19**47**  
that I last saw him alive on **11-23**, 19**47**  
and that death occurred on the date and hour stated above. Duration

Immediate cause of death **Cancer of stomach + Liver**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **B**

Major findings: Of operations **H 6**

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? \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury **1**

23. Signature **Dr. Lindsay** (M. D. or other) **MD**

Address **Conway Mo.** Date signed **11-25-47**

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

MOTHER FATHER

Received ..... 12/10/47 .....  
Sacalede County Health Unit  
File No. .... 11-47-211 .....  
Date filed ..... 12/10/47 .....

---

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: Orsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.