No. 2
—1/47
—17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7885

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 402

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph 4
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Knoski Nursing Home
1401 Jules St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew 2
(c) City or town Amazonia 0
(If outside city or town limits, write "RURAL")
(d) Street No. Amazonia, Mo. 0
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Austin George
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Sarah E. George
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 6 (Day) 1874 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	74	2	0	hr. min.

9. Birthplace Unknown (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation Retired
11. Industry or business Burlington R. R. Co.
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Mrs. Amy Nauser
(b) Address Amazonia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Amazonia, Mo.
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 4-8-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1948 hour 8 minute 40 P.M.
21. I hereby certify that I attended the deceased from 3-30-48
~~4-6~~, 1948, to 4-6, 1948;
that I last saw him alive on 4-6, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 Day
Due to Arteriosclerosis	3
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
830

PHYSICIAN
Underline the cause of which death should be charged statistically.

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) I
While at work? (e) Means of injury
23. Signature Clifford L. Steedley (Date or other) DO
Address 8 d'Ar Francis St. Date signed 4-7-48
St Joseph, Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

811 1/2 Francis.

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3195 10th, St Joseph, 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.