

FILED JUN 8 1948

State File No. _____

Registration District No. 2

Primary Registration District No. 4009

Registrar's No. 232

1. PLACE OF DEATH:

(a) County ANDREW
(b) City or town SAVANNAH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: D. NICHOLAS SANATORIUM 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Amor Mack

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

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mrs. HENRIETTA MACK

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 1 10 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 19 hr. min.

9. Birthplace YORK CO NEB
(City, town, or county) (State or foreign country)

10. Usual occupation POSTMASTER

11. Industry or business _____

12. Name LELAND MACK

13. Birthplace BADEN GERMANY 4
(City, town, or county) (State or foreign country)

14. Maiden name FANNIE RICE

15. Birthplace NEW YORK NY 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emil Mack
(b) Address Pittsburg Neb

17. (a) burial (b) Date thereof 5-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albion Neb

18. (a) Signature of general director E. C. Breit
(b) Address Savannah Mo

19. (a) 5-24-48 (b) J. J. ...
(Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State NEBRASKA (b) County ✓
(c) City or town Albion
(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 April day 30
year 1948 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from April 30, 1948, to April 30, 1948,
that death occurred after seeing him
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

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

Major findings: Of operations 9/4/48

Of autops: _____

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 _____

23. Signature J. E. Ottaway (M. D. number) 0

Address Savannah, Mo Date signed 4/30/48

Duration

Two
minutes

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

10

JUN 21 1948

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

JUN 8 1948

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..... *E. C. Breck*

Licensed Embalmer No. *2650*

P. O. Address..... *Savannah*

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.