

S. No. 2
A-1/47
5-17-39

National Office of Vital Statistics
FILED MAY 25 1948
Registration District No. 294

Primary Registration District No. 3056

State File No.
Registrar's No. 135

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Moberly
(c) Name of hospital or institution: Woodland Hospital
(d) Length of stay: 5 weeks 6 hours
In this community: 5 weeks 6 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Randolph
(c) City or town: Moberly
(d) Street No.: 1337 Watson
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: JOE HAROLD AMES
3. (b) If veteran: none
3. (c) Social Security No.: none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: May, day: 17, year: 1948, hour: 7, minute: 15 P.M.
21. I hereby certify that I attended the deceased from 17 May 1948 to 17 May 1948
that I last saw alive on 17 May 1948 and that death occurred on the date and hour stated above.

4. Sex: Male
5. Color or race: white
6. (a) Single, divorced, married, widowed: Single
6. (b) Name of husband or wife: none
6. (c) Age of husband or wife if alive: none
7. Birth date of deceased: Feb-2-1948

Immediate cause of death: Influenza meningitis
Due to: (The brain stain of the spinal fluid revealed the same negative results)
Duration: 33 hours

8. AGE: Years: 0, Months: 3, Days: 15

9. Birthplace: Rock Island Ill
10. Usual occupation: Infant

MOTHER FATHER
11. Industry or business: none
12. Name: Johnnie Edwards Ames
13. Birthplace: Cairo Mo
14. Maiden name: Maggie Garrison
15. Birthplace: Sinsville Mo
16. (a) Informant: Johnnie E. Ames
(b) Address: 1337 Watson Moberly Mo
17. (a) Date: May 15-48
(b) Date: May 15-48
(c) Place: Moberly Mo
18. (a) Signature: [Signature]
(b) Address: Moberly Missouri
19. (a) Date received: May 19-48
(b) Registrar's signature: [Signature]

PHYSICIAN
Major findings: Of operations: none
Of autopsy: 33 hours
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): none
(b) Date of occurrence: none
(c) Where did injury occur? none
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none
(e) Means of injury: none
23. Signature: [Signature] M.D.
Address: Moberly Mo Date signed: 18 May 48

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

8
6
3

88
6
3
0

4

4

RECEIVED
District Health Officer No. 1
District File Number 5-48-920
Date Filed MAY-24-1948

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.

*Infant
Not Embalmed,*

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.