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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22010

FILED JUN 26 1948
Registration District No. 274

Primary Registration District No. 6276

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Rural near Blockton, Iowa.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)

3. (a) PRINTED FULL NAME Frank S. Amrine

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Osta K. Amrine 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July, 23 1971
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 20 hr. min.

9. Birthplace Neosho Co., Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name Stephen K. Amrine
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Larry Curry
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Stephen Amrine
(b) Address Blockton, Iowa
17. (a) Burial (b) Date thereof 6/15/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Grove, em.

18. (a) Signature of funeral director Frank H. Hattner Jr.
(b) Address Bedford, Iowa

19. (a) June 15 48 (b) Leta E. Dawson
(Date received local registrar) (Registrar's signature) 3115

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth 113
(c) City or town Rural, near Blockton, Ia. 0
(If outside city or town limits, write "RURAL")
(d) Street No. / (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1948 hour 5 P.M. minute / M.

21. I hereby certify that I attended the deceased from Oct. 31 1947
June 13 1948, to / 1948;
that I last saw him alive on June 13 1948
and that death occurred on the day and hour stated above.
Immediate cause of death Coronary Sclerosis

Due to /
Due to /

Other conditions Ch. Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations /
Of autopsy / 1310

PHYSICIAN

Underline the cause to 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? /

While at work? / (Specify type of place) (c) Means of injury /

23. Signature C. E. Buckley M.D. (M. D. or other) 0
Address Blockton, Ia. Date signed 6/5/48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Frank L. Wetmore Jr....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Frank L. Wetmore Jr

Licensed Embalmer No. *4517*

P. O. Address. *Bedford, Iowa*

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.