

STANDARD CERTIFICATE OF DEATH

State File No. 25180

National Office of Vital Statistics

FILED AUG 11 1948 547
Registration District No.

Primary Registration District No. 6172

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Stone
 (b) City or town Washington
 (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 Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

(b) If veteran, name war no

3. (c) Social Security No.

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife William Amos 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased August 20 1882 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 10 14 br. min.

9. Birthplace Ark (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Robert Morris

13. Birthplace West Virginia (City, town, or county) (State or foreign country)

14. Maiden name Barrah Morris

15. Birthplace West Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Elsie Stephens

(b) Address Reed & Perkins

17. (a) Burial (b) Date thereof 7-26-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Everett J. Cheatham

18. (a) Signature of funeral director Salena mo

(b) Address Salena mo

19. (a) July 10-48 (b) Lena Murray (Da) (Received local registrar) (Registrar's signature)

20. Date of death: Month July day 4 year 1948 hour 3 minute at 10 M.

21. I hereby certify that I attended the deceased from at death 19 7-6-48 to 19 7-4-48

that I last saw her on July 4 19 48

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Lack of medical attention

Due to

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone
 (c) City or town Rural
 (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 July day 4 year 1948 hour 3 minute at 10 M.

21. I hereby certify that I attended the deceased from at death 19 7-6-48 to 19 7-4-48

that I last saw her on July 4 19 48

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Lack of medical attention

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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

23. Signature Everett J. Cheatham Address Salena mo Date signed 7-8-48

Underline the cause of which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN

Underline the cause of which death should be charged statistically.

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RECEIVED
District Health Officer No. 6;
District File Number 848-862
Date Filed AUG 10 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 Emerett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Halena 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 347

Primary Registration District No. 6172

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Washington
(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 _____ (Specify whether)

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Lucy Amier

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 m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Aug 20 1884 (Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Mich (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death General run down condition Duration _____

Due to lack of medical attention and

Cancer of the Breast

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Ernest J. Cheatham coroner

Address Hale, Mo. Date signed _____

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

MOTHER FATHER

S-25180