

Registration District No. **32**

Primary Registration District No. **6296**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **Rural Kinderhook**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **4 miles South Gravel Hill**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Entire life**
years, months or days

3. (a) PRINT FULL NAME **BABY AMELUNKE**

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 **Single**

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

7. Birth date of deceased **Aug 21, 1948**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **4 hr. _____ min.**

9. Birthplace **near Gravel Hill Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Otto M. Amelunke**

13. Birthplace **near Tipton Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Fay Hunsberr**

15. Birthplace **Jackson Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Otto M. Amelunke**

(b) Address **Burfordville Mo. RR 1**

17. (a) **Burial** (b) Date thereof **Aug 22, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tipton Cemetery**

18. (a) Signature of funeral director **W. Miller**

(b) Address **Jackson**

19. (a) **8-23-48** (b) **D. J. Siebert**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cape Girardeau**
(c) City or town **Rural Kinderhook**
(If outside city or town limits, write "RURAL")
(d) Street No. **Burfordville Mo. RR**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **21**
year **1948** hour **8:10** minute **10 a.** M.

21. I hereby certify that I attended the deceased from **Aug 21**
19**48**, to **Aug 21**, 19**48**
that I last saw him alive on **Aug 21**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary atelectases** Duration **6 hrs**

Due to **Premature delivery**

Due to **Premature labor**

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 **T. E. Ruff** (M. D. or other) **M.D.**
Address **Jackson Mo** Date signed **8/23/48**

MOTHER FATHER

RECEIVED

Health Officer No. 4

File Number 94

9-9-4

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.

Body not embalmed

Signed Gene C. Cresswell

Licensed Embalmer No. 4377

P. O. Address Jackson, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 52

Primary Registration District No. 6296

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Paris
(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 Baby Ameluck

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

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

7. Birth date of deceased Aug 2 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ (less than one day)
 hr. _____ min. 110

9. Birthplace _____
(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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8-23-48 (b) A. G. Subert
(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 1941 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 _____

Duration _____

Due to _____

Due to _____

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) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

MOTHER FATHER

S-25689 1948