

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29106
Registrar's No. 84

Registration District No. 32

Primary Registration District No. 5157

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8 miles S. West Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: Entire Life
(Specify whether)
In this community Entire Life
years, months or days

3. (a) PRINT FULL NAME OTTO HENRY AMELIKUNKE

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 EMMA BIRKA AMELUNKE
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased July 26, 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 6
If less than one day hr. min.

9. Birthplace Cape Girardeau Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Henry Amelkunke

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

14. Maiden name Caroline Krug

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

16. (a) Informant Otto M. Amelkunke

(b) Address Burfordville Mo.

17. (a) Burial (b) Date thereof Oct 4, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director J. Miller

(b) Address Jackson

19. (a) 10-5-48 (b) D. S. Luber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town 8 miles S. West Jackson (Rural)
(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 10 day 2
year 1948 hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from Sept 20, 1948 to Oct 2, 1948
that I last saw him alive on Sept 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to 1. Atherosclerosis

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 93D

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 J. Miller (M. D. or other)

Address Jackson Mo. Date signed 10-5-48

RECEIVED

Health Officer No. 4
Index File Number 1048-1278
Date Filed 10-13-48

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 Gene C. Crouse
Licensed Embalmer No. 4371
P. O. Address Jackson, 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.