

FILED NOV 4 1948

Registration District No. _____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5037

State File No. _____

Registrar's No. 158

1. PLACE OF DEATH:

(a) County Andrain
(b) City or town Rural Salter River twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. 4 John Brown Farm 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 1 day
years, months or days)

3. (a) PRINT FULL NAME Walter H. Ameling

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 1 M
6. (b) Name of husband or wife Laura Ameling 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Sept. 6 1888
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 19 If less than one day
hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Chas. Ameling
13. Birthplace DK 9
(City, town, or county) (State or foreign country)
14. Maiden name Clara Gabler
15. Birthplace DK 9
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Ameling
(b) Address Herman, Mo.

17. (a) Removal (b) Date thereof 10/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herman, Mo.

18. (a) Signature of funeral director W. C. Adams

(b) Address Herman, Mo.

19. (a) 10/26/48 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass 32
(c) City or town Herman, Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No. R. 2 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25
year 1948 hour 3 minute P M.

21. I hereby certify that I attended the deceased from
Coroner's Case 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death by accident of a fall Duration 25-29
falling in the hands of Elmer Ryfford
at the John B. Brown farm while
preloading the gun for target
practice. The deceased was struck
on the chest bullet from said
gun causing instant death.
Other conditions These occurred near John B. Brown
Elmer Ryfford Fred Woodley
(Include pregnancy within 3 months of death)
Major findings: The gun was recently
discharged, July 4 Coroner
Of operations _____
Of autopsy _____

PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 4
(b) Date of occurrence Oct. 25-1948
(c) Where did injury occur? R.R. #4 Mexico Graham Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

(Specify type of place)
While at work No (e) Means of injury gun shot
Coroner

23. Signature W. C. Adams (M. D. or other)
Address Mexico, Mo. Date signed 10-26-48

RECEIVED

RECEIVED

District Health Officer No. 10

District File Number 11-48-1873

Date Filed NOV 3 - 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.....

Charles J. Reed

Registered Apprentice No. 210

working under my personal supervision.

Signed *Uno Arnold*

Licensed Embalmer No. 3569

P. O. Address *Murphy*

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.