

REC'D MAY 16 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14688  
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 214  
(b) Township Moreau Primary Registration District No. 5294 Registered No. 10  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Nancy Eleanor Amos

(a) Residence, No. Russellville, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Amos

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14th, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83 10 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Maid  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Russellville, (STATE OR COUNTRY) Missouri

FATHER 13. NAME Wisen Hoador

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Elizabeth Hoador

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT W. H. Amos (ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Enon Cem. DATE Apr. 23rd, 1939

19. FUNERAL DIRECTOR (NAME) G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED Apr. 23, 1939 Mar. Mahel Barbour Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 22nd, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 31 to April 20, 1939  
I last saw him alive on April 20, 1939. Death is said to have occurred on the date stated above, at 9-45 A.M.  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset 1935

Other contributory causes of importance:

Engeroulitis  
Senility

1935  
1935

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Chas. E. Murrell, M.D.  
Russellville, Mo. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

Roy O. Steffens

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Roy O. Steffens*

.....  
Licensed Embalmer No. 40E2

P. O. Address Russellville, 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, above space should be left blank.**