No. 2
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28781

Registration District No. 308 | Primary Registration District No. 3026 | Registrar's No. 121

1. PLACE OF DEATH:

(a) County: Livingston

(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1414 Clay Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community: 31 years. /

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Livingston

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

(d) Street No.: 1414 Clay Street
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: George Washington Amos

3. (b) If veteran, name war: No.

3. (c) Social Security No.: No.

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ella E. Amos

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: April (Month) 4 (Day) 1870 (Year)

8. AGE: Years 71 Months 4 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace: Cole County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Salesman

FATHER
12. Name: Benjamin Amos
13. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Sarah Search
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. G. W. Amos
(b) Address: 1414 Clay; Chillicothe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-30-'41 (Month) (Day) (Year)
(c) Place: burial or cremation: Edgewood Cemetery

18. (a) Signature of funeral director: F. B. Herman Co.
(b) Address: Chillicothe, Missouri

19. (a) 8-29-41 (Date received local registrar) (b) H W Grace M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29 year 1941 hour 04 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug. 23, 1941, to Aug. 28, 1941; that I last saw him alive on Aug. 28, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Interstitial Nephritis	Several years
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: H W Grace, M.D. (M. D. or other)
Address: Chillicothe, Mo. Date signed: 8/29/41

(Licensed Embalmer's Statement on Reverse Side)

943

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

Elton F. Norman & E. R. Norman (2374), Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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

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