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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32430

FILED OCT 17 1941

Registration District No. 76.5

Primary Registration District No. 4460

Registrar's No. 9

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Osceola
(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 10 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME John Thomas Amlin

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5 year 1941 hour 7.05 minute _____ P. M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Sara Sharp 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased 18-7-1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 21, 1941, to Oct. 4, 1941; that I last saw him alive on Oct. 4, 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>28</u>	hr. _____ min.

Immediate cause of death paralysis and debility

9. Birthplace St. Clair Mo.
(City, town, or county) (State or foreign country)

Due to Paralysis of esophagus

Due to Parkinson's disease

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations 47C

12. Name Thomas Amlin

Of autopsy _____

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

14. Maiden name May Lawson

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

16. (a) Informant Mrs. J. Amlin
(b) Address Osceola Mo.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof 10-6-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Osceola Cem.

18. (a) Signature of funeral director Ed Muller
(b) Address Osceola Mo.

(Specify type of place) While at work? _____ (e) Means of injury _____

19. (a) 10-7-41 (b) Ruth Seeser
(Date received local registrar) (Registrar's signature)

23. Signature Dr. Bernard Abel (M. D. or other) D.O.
Address Osceola Mo. Date signed 10/7/41

688 (Licensed Embalmer's Statement on Reverse Side)

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

030

5-4

093
2
0

OCT 17 1941

RECEIVED

District Health Officer No. 7,

District File Number 10-41-1789

Date Filed 10-14-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.