

FILED FEB 4 1944

Registration District No. 84

Primary Registration District No. 3017

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community New Rays _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 1 Franklin
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OVAL COLUMBUS AMICK

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 WIDOWED
6. (b) Name of husband or wife PEARL WATTS 6. (c) Age of husband or wife if alive DEC years
7. Birth date of deceased OCT 30 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 11 If less than one day hr. _____ min. _____

9. Birthplace HOWARD CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business JOHN T. AMICK

12. Name JOHN T. AMICK
13. Birthplace GREENSBORO N.C.
(City, town, or county) (State or foreign country)
14. Maiden name SUSAN E. JONES
15. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin Watts
(b) Address Franklin Mo.
17. (a) Removal (b) Date thereof 1-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Boonville
18. (a) Signature of funeral director A.S. Newlin
(b) Address New Franklin Mo.
19. (a) JAN-14-44 (b) DR. CHAS. SUTAP
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
year 1944 hour 12 minute 30 PM

21. I hereby certify that I attended the deceased from Dec. 26 1943 to Jan. 10 1944
that I last saw him alive on Jan 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion Duration _____
Pneumonia
Due to Pulmonary Tuberculosis

Other conditions asthma
(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) no
(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 5
23. Signature M.S. McGuire (M. D. or other) _____
Address Boonville Mo Date signed 1/11/44

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-3-46

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 R. L. Pull

Licensed Embalmer No. 3515

P. O. Address New Franklin

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.