

Registration District No. **8104**

Primary Registration District No. **5307**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **Cole**

(b) City or town **Russellville Rural**
(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 _____
years, months or days

3. (a) PRINT FULL NAME **ANTHONY A. AMOS**

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

4. Sex **Male** **5. Color or** **White** **6. (a) Single, widowed, married** **2 divorced** **Widowed**

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
alive _____ years

7. Birth date of deceased **June 15 - 1866**
(Month) (Day) (Year)

8. AGE: Years **77** Months **10** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **Russellville** **Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **Benjamin Amos**

18. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Roark**

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

16. (a) Informant **Rado C. Lewis**

(b) Address **Russellville Mo**

17. (a) Burial **(b) Date thereof** **5-17-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Campbell Cem**

18. (a) Signature of funeral director **W. H. Steffen**

(b) Address **Russellville Mo**

19. (a) May 11 - 44 **(b) W. N. C. W. Plummer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**

(c) City or town **Russellville Rural**
(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.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10**
year **1944** hour **4** minute **15** P. M.

21. I hereby certify that I attended the deceased from **May 10 1944** to **May 10 1944**
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic Mellitus**

Duration **Not known**

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? _____

While at work? _____ **(Specify type of place)**

23. Signature **Walter C. Lewis** **(M. D. or other)** _____

Address **Russellville Mo** **Date signed** **5-11-44**

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

2600

260

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-5-44

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 *G. M. Stephens*

Licensed Embalmer No. 2307

P. O. Address Russellsville, 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.