S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 22 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30877

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 736

39
2
6

1. PLACE OF DEATH

(a) County GREENE

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

(c) Name of hospital or institution: SPRINGFIELD BAPTIST HOSP.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. 2304 N. Newton
(If rural, give location)

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

If yes, name country ✓ 0

3. (a) PRINT FULL NAME ADDIE MAY AMIS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife UNK.

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

7. Birth date of deceased Jan. (Month) 30 (Day) 1877 (Year)

8. AGE: Years 67 Months 7 Days 11 If less than one day ___ hr. ___ min.

9. Birthplace Peoria (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business at Home

FATHER
12. Name Wm. McCulley
13. Birthplace UNK. (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace UNK. (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Jeanne Amis
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep. 13, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Green Wood Cem.

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield, Mo.

19. (a) 9-11-44 (Date received local registrar) (b) D. M. Hawkley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 11 year 1944 hour 1 minute 08 A. M.

21. I hereby certify that I attended the deceased from ~~Sept 8~~ Sept 8, 1944, to Sept 10, 1944 that I last saw her alive on Sept 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 day.
Due to Arterio-sclerosis	?
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 Dr. P. Moaaux (M. D. or other)

Address 413 Holland Bldg. Date signed 9-11-44

Spfd., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Roy A Camm

Licensed Embalmer No. 1763

P. O. Address Springfield 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, fact should be so stated above.