

FILED MAY 27, 1946

Registration District No. **387**

Primary Registration District No. **45-15-**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Sullivan**
(b) City or town **Milan Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether
In this community **Life** years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Sullivan**
(c) City or town **Milan** (If outside city or town limits, write "RURAL")
(d) Street No. **12** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

3. (a) PRINT FULL NAME

Rebecca Olive Ames

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

4. Sex **F** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Ed Ames** 6. (c) Age of husband or wife if alive **4** years
7. Birth date of deceased (Month) **6** (Day) **15** (Year) **1868**

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

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Isaac Thrown**

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

14. Maiden name **Louisiana Eberhard**

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

16. (a) Informant **Clyde Douglas**

(b) Address **Trenton Mo**

17. (a) **Burial** (b) Date thereof **4 28 1946** (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Glenn E. Kent & Son**

(b) Address **Green City Mo**

19. (a) **May 1 - 1946** (b) **Mrs. H. B. Harris** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **25** year **1946** hour **4** minute **27** P. M.

21. I hereby certify that I attended the deceased from **Apr 25** 19**46** to **Apr 25** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **15 min**
Due to **Profound Anginal Pectoris** unknown

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: **apw**
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 **W. B. Harris** (M. D. or other) **200**
Address **Milan** Date signed **7-26-46**

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

RECEIVED

District Health Officer No. 10

District File Number 5-46-1054

Date Filed - MAY-23-1946-----

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

Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address

Grew City, 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.