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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36848**

FILED NOV 25 1946

Registration District No. **199**

Primary Registration District No. **1002**

Registrar's No. **87903**

1. PLACE OF DEATH:

(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **MENORAH HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 WEEKS**
(Specify whether
In this community **20 YEARS**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON** **48**
(c) City or town **INDEPENDENCE-RURAL**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **R.R. #4**
(If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No) **1**
If yes, name country: **--**

3. (a) PRINT FULL NAME: **MR. FRED AMOS**

3. (b) If veteran, name war: **No** 3. (c) Social Security No. **482-01-9892**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MRS. AGNES GODDARD AMOS** 6. (c) Age of husband or wife if alive **38** years
7. Birth date of deceased: **OCTOBER 6 1906**
(Month) (Day) (Year)

8. AGE: Years **40** Months **1** Days **5** If less than one day hr. min.

9. Birthplace: **NELLA ARKANSAS**
(City, town, or county) (State or foreign country)

10. Usual occupation: **SUPERINTENDANT OF BUDGETS**

11. Industry or business: **BUTLER MANUFACTURING CO.**

12. Name: **DAVID AMOS**

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

14. Maiden name: **UNKNOWN**

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

16. (a) Informant: **Agnes Goddard Amos**

(b) Address: **Route # 4 - Indep. Mo**

17. (a) **PURIAL** (b) Date thereof: **Nov 13, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **FLORAL HILLS CEMETARY**

18. (a) Signature of funeral director: **D. W. Newcomer's Son**

(b) Address: **1401-BAUSH CREEK BLYD.**

19. (a) **11-13-46** (b) **Seraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** day **11TH**
year **1946** hour **1** minute **05 P.M.**
21. I hereby certify that I attended the deceased from **9 August 1946**
and that death occurred on the date and hour stated above.
that I last saw him alive on **11 Nov 1946**

Immediate cause of death: **Carcinoma of the body of the pancreas with metastasis to the liver & peritoneum** Duration
Due to: **46 yr**

Other conditions: **mild hypertension**
(Include pregnancy within 3 months of death)

Major findings: **Biopsy of liver positive for CA - 2 month before death** Underline the cause to which death could be charged statistically.
Of operations: **9**
Of autopsy: **9** **Confirmed above diagnosis**

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) (c) Means of injury: **1**

23. Signature: **Richard A. Jumper** (M. D. or other)

Address: **1314 Professional Bldg** Date signed: **12 Nov 46**

(Licensed Embalmer's Statement on Reverse Side) **Kansas City 6 Mo**

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

MOTHER FATHER

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 *Melvin Miller*
Licensed Embalmer No. *4407*
P. O. Address *Kansas 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.