

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 16 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1000
Primary Registration District No.

State File No. 35614
Registrar's No. 1198

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

1. PLACE OF DEATH
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1816 So. 14th St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years
18 years (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME GEORGE J. AMOS
3. (b) If veteran, name war None
3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence May
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased December 26, 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 10
If less than one day hr. min.

9. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk (Retired)

11. Industry or business None

12. Name George Amos

13. Birthplace Platte County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Rosanna Livingston
15. Birthplace Clinton Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Amos (wife)

(b) Address 1816 So. 14th St., City

17. (a) Burial (b) Date thereof 11/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frazier, Missouri

18. (a) Signature of funeral director [Signature]
(b) Address 6054 Pryor Ave., City

19. (a) 11-10-48 (b) E. G. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1816 So. 14th St. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month November day 6,
year 1948 hour 8 minute :00 P.M.
21. I hereby certify that I attended the deceased from Sept 1st
1946 to Nov 6th 1948

that I last saw him alive on Nov 6th 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Epilepsy, Epileptic Seizure until death
Duration

Due to _____
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]
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)
(c) Months of injury _____

23. Signature B. W. Tadlock (M. D. or other)
Address KING HILL BLDG Date signed 11/8/48

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..... *John E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.