FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39221

FILED DEC 16 1948

Registration District No. 1 — Primary Registration District No. 3000 — Registrar's No. 357

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: Most of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair 1
(c) City or town: Kirksville 3 (If outside city or town limits, write "RURAL")
(d) Street No.: 202 E. Filmore St. 3 (If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Arthur Burton Amick
3. (b) If veteran, name war: No 1
3. (c) Social Security No. 1
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Opal Epperson
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: Sept. (Month) 8 (Day) 1894 (Year)

8. AGE: Years 54 | Months 2 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace: Stahl (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Mechanic
11. Industry or business: J. Burdman Auto Parts
FATHER
12. Name: Frank Amick 0
13. Birthplace: Atchinson Co., Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Abigail Ann Runnels
15. Birthplace: Sullivan Co. Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Opal Amick
(b) Address: Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Hills Cmt.
18. (a) Signature of funeral director: Dee Riley Funeral Home
(b) Address: Kirksville, Missouri
19. (a) 12-8-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 year 1948 hour 6:00 minute P. M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death: Gun shot wound in head

Due to: accident

Due to: .....

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

Major findings:
Of operations: 1/5
Of autopsy: .....

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accident
(b) Date of occurrence: Dec. 7th 1948 124
(c) Where did injury occur? Kirksville (City or town) Adair (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? (e) Means of injury: 3
23. Signature: Foster R. Easley (M. D. or other) coroner
Address: Brashear Mo. Date signed: 12-7-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

OCT 1949

MAY 0 1950

DEC 17 1948

RECEIVED
District Health Officer No. 10
District File Number 12-48-21
Date Filed DEC 13 1948

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 H. Mercer Jr.

Licensed Embalmer No. 4432

P. O. Address Kirksville, 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.