

FILED DEC 8 1943
Registration District No. **8044**

Primary Registration District No. **3046**

1. PLACE OF DEATH:
(a) County **Moniteau Co.**
(b) City or town **California, Mo.** *Walker*
(c) Name of hospital or institution:
302 West Main St /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life**
In this community **Life**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Moniteau** **68**
(c) City or town **California, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **302 West Main St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **Earleen Amos**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept 6 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 12 hr. min.

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

10. Usual occupation _____
11. Industry or business _____

12. Name **Earl Amos**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Sally Murphy**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sallia Amos**
(b) Address **California Mo**
17. (a) **Burial** (b) Date thereof **Nov. 20. 43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New Hope Cem**

18. (a) Signature of funeral director **Bowlin Funeral Home**
(b) Address **California, MO**
19. (a) **11-19-43** (b) *R. J. Allen*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **18**
year **1943** hour **17** minute **40 A.M.**
21. I hereby certify that I attended the deceased from **Nov. 17 43**
to **Nov. 18 43**
that I last saw **her** alive on **Nov. 17 43**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Lobar Pneumonia**
Duration: **1 day**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **108**
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature *R. J. Allen* (M.D. or other) **D.O.**
Address **California** Date signed **11/18/43**

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.

Not Embalmed

Signed.....

..... Licensed Embalmer No.....

..... P. O. Address.....

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.