

FILED NOV 3 1945

317

STANDARD CERTIFICATE OF DEATH

34529

State File No.

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2492

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days) See above

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Olean
(If outside city or town limits, write "RURAL")
(d) Street No. Box # 4
(If rural, give location)
(e) Citizen of foreign country? No. (Yes/No)
If yes, name country.

3. (a) PRINT FULL NAME AMOS, Monroe W.

3. (b) If veteran, name war SPAW 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 Myrtle B. Amos 6. (c) Age of husband or wife if alive 50 1/2 years

7. Birth date of deceased October 25, 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business --

MOTHER FATHER { 12. Name Eli Amos
13. Birthplace Unknown
14. Maiden name Lucinda (Unknown)
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Acting Clinical Clerk, Vet. Adm.

(b) Address Fac., Jefferson Barracks, Mo.

17. (a) Burial (b) Date thereof 10-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation See above

18. (a) Signature of funeral director P. Phillips

(b) Address See above

19. (a) 10-30-45 (b) E. V. Edwards
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1945 hour 7:55 minute A.M.

21. I hereby certify that I attended the deceased from October 18, 1945, to October 26, 1945
that I last saw him alive on October 26, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death TUBERCULOSIS, PULMONARY, FART ADVANCED (WITH MASSIVE HEMORRHAGE). Duration Unknown.

Due to --

Due to --

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

Major findings: No operation

Of autopsy No 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) No.
(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 See above (Specify type of place) (e) Means of injury See above

23. Signature E. V. EDWARDS, Lt. Col., (M. D. or other) M.C., Clinical Director.
Address Vet. Adm. Fac., Jeff. Brks. Mo. Date signed 10/26/45

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

2721

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.....

Jervis D. Phillips

Registered Apprentice No.

working under my personal supervision.

Signed *Jervis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Edgar*

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.