NOV 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37017
Do not use this space.

1. PLACE OF DEATH

(a) County STONE — Registration District No. 842

(b) Township PIERCE — Primary Registration District No. 6104 — Registered No.

(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

524

2. PRINT FULL NAME VICTOR ENGLAND

(a) Residence, No. 2101 JACKSON, JOPLIN, MO St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF PAULINE ENGLAND

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MCH 16, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	53	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SALESMAN

9. Industry or business in which work was done, as saw mill, bank, etc. MONUMENTS

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEOSHO MISSOURI

FATHER

13. NAME REUBEN ENGLAND

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN

MOTHER

15. MAIDEN NAME NOT KNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN

17. INFORMANT (ADDRESS) Pauline England JOPLIN, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL
PLACE NEOSHO, MO DATE 10/3/38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) THE BIGHAM MORTUARY NEOSHO, MO

20. FILED Oct 20, 1938 Mrs Ethel Doggett
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1938, to Oct 3, 1938

I last saw h. alive on ..., 19... Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Arteriosis — Date of onset ?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Alexander P. Caffetti, M. D.

(Address) Crane, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 30 1948

RECEIVED
District Health Officer No. 6,
District File Number 6-38-556
Date Filed NOV 7 1938

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, Ruth Collins, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Ruth Collins

Licensed Embalmer No. 3632

P. O. Address Neosho 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, above space should be left blank.