

REC'D MAY 18 1939

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

14558
 Do not use this space.

1. PLACE OF DEATH

(a) County Chariton Registration District No. 173
 (b) Township Waxton Primary Registration District No. 4102
 (c) City Prairie Hills Street No. _____
 (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.

2. PRINT FULL NAME

(a) Residence, No. 524 Myrlene Engle St. (If nonresident, give city or town and State)
Prairie Hills Mo

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1st 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
0 0 0 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Premature
 9. Industry or business in which work was done, as saw mill, bank, etc. known 8 months
 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) Prairie Hills Mo

FATHER 13. NAME Earl T Engle
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barberville, K. Y.

MOTHER 15. MAIDEN NAME Carrie Dock
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Strait Creek Kentucky

17. INFORMANT (ADDRESS) Mr. Carrie Engle

18. BURIAL, CREMATION, OR REMOVAL PLACE Randolph Ctho DATE Apr 2 1939

19. FUNERAL DIRECTOR (ADDRESS) None

20. FILED April 2 1939 J. D. McAdam Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1st 1939

22. I HEREBY CERTIFY, that I attended deceased from Apr 1st 8 a.m. 1939 to April 1st 10 a.m. 1939.
 I last saw her alive on 4-10 a.m. 1939. Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:

asphyxia due to Patulous Cardiac Foramen ovale

Other contributory causes of importance:
Premature deficient development

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical 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? _____
 If so, specify _____
 (Signed) J. D. McAdam, M. D.
 (Address) Prairie Hills Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/10/39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
.....L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.
Signed.....
Licensed Embalmer No.....

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.)