REC'D AUG 16 1939

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

25699
Do not use this space.

1. PLACE OF DEATH
(a) County Harrison
(b) Township Dallis
(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.

Registration District No. 340
Primary Registration District No. 5482
Registered No.

2. PRINT FULL NAME 524 James England
(a) Residence, No. Country 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 11 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
76	3	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Missouri 0

FATHER
13. NAME George England 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 1

MOTHER
15. MAIDEN NAME Mary Francis Buck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Sarah England Bethany MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany DATE July 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W G Noble New Hampton MO

20. FILED Aug 8, 1939 J G Wilson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1939 to July 3, 1939
I last saw him alive on July 3, 1939. Death is said to have occurred on the date stated above, at 5:20 p.m.
The principal cause of death and related causes of importance were as follows:

apoplexy

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) E. F. Harding D.O. ~~M.D.~~
(Address) Bethany 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.

RECEIVED
District Health Office No. 11
District File No. 839-1023
Date Filed AUG 10 1939

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, W G Noble, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton Me

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.