

135 AUG 22 1939

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

26413
Do not use this space.

1- PLACE OF DEATH

(a) County Oregon Registration District No. 635
(b) Township Jobe Primary Registration District No. 3838 Registered No. 7
(c) City Couch (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Audrey Blanche England

(a) Residence, No. Carney Okla St. Carney Okla
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
28 9 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Teacher
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) Elm Store, Ark.

FATHER 13. NAME J. T. England

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elm Store, Ark.

MOTHER 15. MAIDEN NAME Nancy E. Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Garfield, Mo.

17. INFORMANT (ADDRESS) J. T. England, Couch, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carney Okla. DATE 7/20/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leo Carr, Thayer, Mo.

20. FILED Aug 1 1939 H. J. Harpole Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 19 39

22. I HEREBY CERTIFY, That I attended deceased from 7-8- 1939, to 7-17- 1939

I last saw her alive on 7-17 1939. Death is said to have occurred on the date stated above, at 11:30 P. M.
The principal cause of death and related causes of importance were as follows:

Septicemia
Acute Nephritis
Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis Blood test 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? No
If so, specify _____ (Signed) H. B. Hull M. D.
56 (Address) Mammoth Spring, Ark.

Hull

Exact statement of OCCUPATION is very important. 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.

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.....

Leo Carr

....., Registered Apprentice No.....

working under my personal supervision.

RECEIVED

District Health Officer No. 5

District File Number 839-58

Date Filed 8/10/39

Signed.....

Leo Carr

Licensed Embalmer No. 2852

P. O. Address..... Thayer 29

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.