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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28232
Registrar's No. 38

Registration District No. 163

Primary Registration District No. 5228

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

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Rural = Box 107
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

8. (a) PRINT FULL NAME ERICK ENGLUND 524
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July-18-1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Kagbs Sweden
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name unknown
13. Birthplace Sweden
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Per Dave Englund
(b) Address El Dorado Springs, Mo. 63

17. (a) Burial (b) Date thereof Aug-5-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clintonville

18. (a) Signature of funeral director Gurwin Siders
(b) Address El Dorado Springs, Mo

19. (a) 740 (b) J.W. Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CEDAR
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Box, Township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 60 yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1940 hour 7:5 minute A M.

21. I hereby certify that I attended the deceased from July 25, 1940 to Aug 3, 1940
that I last saw him alive on Aug 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death interstitial nephritis
Duration _____

Due to _____
Due to 131

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of 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) _____
(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? 154
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J.W. Dawson (M. D. certificate) 1
Address El Dorado Springs Date signed 8-4-40

RECEIVED

District Health Officer No. 7,
District File Number 9-40-1344
Date Filed 9-16-40

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 _____

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

Signed _____

Licensed Embalmer No. 2350

P. O. Address _____

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.