No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36500

Registration District No. 797 Primary Registration District No. 6040 Registrar's No. 13

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

1. PLACE OF DEATH:
(a) County Saline Mo
(b) City or town Miami Mo. R.F.D. I
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Five years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Miami, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. I
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Hoyt Avon Englis
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March (Month) 7 (Day) 1928 (Year)

8. AGE: Years	Months	Days	If less than one day
12	7	13	hr. min.

9. Birthplace Marshall, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Student
11. Industry or business —
FATHER
12. Name Avon Englis
13. Birthplace Saline Co, Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eva Carlton
15. Birthplace Oklahoma-Haskell Co. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs George Howery
(b) Address Miami Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery
18. (a) Signature of funeral director J. L. Surrey
(b) Address Marshall Mo.
19. (a) Oct 28 40 (Date received local registrar) (b) Mrs Arline Hisle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 20 day
year 1940 hour 4:30 PM minute ..... M.
21. I hereby certify that I attended the deceased from held inquest, 19..., to Oct 21, 1940
that I last saw h — alive on —, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gunshot wound through the chest near the heart	
Due to Gun accidentally fired.	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy None	

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) Accident
(b) Date of occurrence Oct. 20, 1940
(c) Where did injury occur? Near Miami (City or town) Saline (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm (Specify type of place)
While at work? No (e) Means of injury —
23. Signature B. C. Bradshaw (M. D. or other) Coroner
Address Arrow Rock Mo Date signed Oct 21

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 11-12-40

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.....J. Leslie Surrey.....

Licensed Embalmer No.....3235.....

P. O. Address.....Marshall, Tex.

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, fact should be so stated above.