

FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2028

Registration District No. 1111

Primary Registration District No. 0163

Registrar's No.

14  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural Liberty

(c) Name of hospital or institution: 5 MI. WEST OF AUXVASSE, MO.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) 8 years

In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town RURAL  
(If outside city or town limits, write "RURAL")

(d) Street No. 5 MILES WEST OF AUXVASSE, MO.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Richard Thomas English

3. (b) If veteran, name war NA

3. (c) Social Security No. NA

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ETHEL English

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased JANUARY 9 1864  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>0</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace Bachelor MO. D  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name Wm. THOMAS English

13. Birthplace VIRGINIA  
(City, town, or county) (State or foreign country)

14. Maiden name FRANCES JANE JONES

15. Birthplace VIRGINIA  
(City, town, or county) (State or foreign country)

16. (a) Informant Melvin English

(b) Address CANTON, MO.

17. (a) BURIAL (b) Date thereof JAN 18 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland Baptist

18. (a) Signature of funeral director Leo G. Wallace

(b) Address Fulton, Mo.

19. (a) 1-20-41 (b) B.H. Stephens  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th,  
year 1941. hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from 8/12/1939 to 1/14/41.  
that I last saw him alive on 1/14/41.  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, of lungs, laryngitis ulcerative, T.B.  
Enlarged T.B. Prostate gland.

xxx Uremic toxemia.  
Diagnosed by special examinations xxx and laboratory findings.

Other conditions 12/12  
(Include pregnancy within 3 months of death)

Major findings: 12/12  
Of operations \_\_\_\_\_

Of autopsy No autopsy

Duration \_\_\_\_\_

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? \_\_\_\_\_

110 (Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Greene D. Stephens (D. or other) D.  
Address Fulton Mo. Date signed 1/26/41.

**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: *James O. Mudd*

Licensed Embalmer No. *4152*

P. O. Address *Fulton, Mo.*

**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.**