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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22275**

Registration District No. **605**

Primary Registration District No. **4357**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County **New Madrid**
(b) City or town **Catron Mo**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **New Madrid**
(c) City or town **Catron, Mo.**
(d) Street No. _____
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Patsey Ann England**
(b) If veteran, name war **X**
(c) Social Security No. **X**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **6** day **22** / **41**,
year **1941** hour **5** minute **25** M.

4. Sex **F**
6. Color or race **W**
6. (a) Single, widowed, married, divorced **X**
6. (b) Name of husband or wife **Della May England**
6. (c) Age of husband or wife if alive **22** years
7. Birth date of deceased **6** (Month) **19** (Day) **41** (Year)

21. I hereby certify that I attended the deceased from **June 19**, 19**41** to **June 22**, 19**41**;
that I last saw her alive on **June 22**, 19**41**;
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days **2** If less than one day _____ hr. _____ min.

Immediate cause of death **Stroke**
Due to **Possible cerebral hemorrhage of both**
Due to _____
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace **Catron Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **X**

11. Industry or business **X**

MOTHER FATHER { 12. Name **LEON ENGLAND**
13. Birthplace **TENN.**
14. Maiden name **DELLA MAY BUCHANAN**
15. Birthplace **MO**

16. (a) Informant **LEON ENGLAND**
(b) Address **CATRON MO**

17. (a) **BURIAL** (b) Date thereof **6. 22 1941**
(c) Place: burial or cremation **MOUNDS CEMETARY**

18. (a) Signature of funeral director **L. M. HILL**
(b) Address **LILBOURN MO**

19. (a) **6-22-41** (b) **L. M. Hill**
(Date received local registrar) (Registrar's signature)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____
23. Signature **Geo W. Husted** (M. D. or other) _____
Address **Carma, Mo.** Date signed **6/22/41**

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

RECEIVED

District Health Officer No. 2,

District File Number 741-889

Date Filed 7/15/41

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.....

Licensed Embalmer No.....

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.