

FILED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31295

State File No. _____

Registration District No. 160

Primary Registration District No. 5225

Registrar's No. _____

1. PLACE OF DEATH:

(a) County CASS
(b) City or town Rural, West Dolan Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Not in Hospital. At Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does Not Apply
(Specify whether
In this community 57 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass. 19
(c) City or town Rural, West Dolan Twp.
(If outside city or town limits, write "RURAL") 0
(d) Street No. 9 Miles N/E Drexel, Mo.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME WILLUS CARLTON ENGLIS.

3. (b) If veteran, name war None. 3. (c) Social Security No. None.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced widowd
6. (b) Name of husband or wife Sarah E. Englis. 6. (c) Age of husband or wife if alive dead. years
7. Birth date of deceased March, 6 1858.
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 21 If less than one day
hr. _____ min.

9. Birthplace Macoupin County, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Farming.

11. Industry or business General Farming.

12. Name Hiram Englis.

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

14. Maiden name Not Known.
15. Birthplace Not Known. (City, town, or county) (State or foreign country)

16. (a) Informant May Masterson.

(b) Address West Line, Mo.

17. (a) Burial. (b) Date thereof Sep. 28, 41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Lancaster, Kans.

18. (a) Signature of funeral director [Signature]

(b) Address Drexel, Mo.

19. (a) 9/27/41. (b) May Masterson.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th
year 1941 hour 7 minute 20 a.m.

21. I hereby certify that I attended the deceased from on
Sept 27, 1941, to _____, 1941;
that I last saw him alive on Sept 27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions Seizure
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Basil O. Hartwell (M. D. _____)

Address Drexel, Mo. Date signed 9/27/41.

Duration

4 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

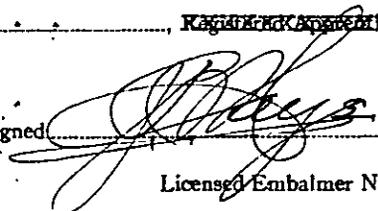
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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~~ person

~~working under my general supervision~~

~~working under my general supervision~~

Signed 

Licensed Embalmer No. 1950

P. O. Address Drexel, Missouri.

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.