

S. No. 2
-1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34991

State File No. _____

Registration District No. 310 324

Primary Registration District No. 5449

Registrar's No. _____

1. PLACE OF DEATH:

(a) County GREENE
 (b) City or town Springfield
 (If outside city or town limits write "RURAL" and name of township)
 (c) Name of hospital or institution R.F.D. #11 Robbersantons
 (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)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. A. # 110
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME IRA B. ENGLAND
 (b) If veteran, name war NONE
 (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 12th
 year 1941 hour 7 minute 30 A. M.

4. Sex MALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 (b) Name of husband or wife FRANCES ENGLAND
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 4 1881
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 25 1941 to Aug 9 1941
 that I last saw via alive on Aug 9 1941
 and that death occurred on the day and hour stated above.

8. AGE: Years 60 Months 1 Days 8
 If less than one day _____ hr. _____ min.

Immediate cause of death chronic nephritis
heart attack
 Due to _____
 Due to _____

9. Birthplace Mo. 0
 (City, town, or county) (State or foreign country)

Other conditions 131b
 (Include pregnancy within 3 months of death)

10. Usual occupation Salvage Dealer

Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business Farmer and Merchant

12. Name John E. England
 13. Birthplace Green 1
 (City, town, or county) (State or foreign country)

14. Maiden name Catherine Lange
 15. Birthplace Kan 1
 (City, town, or county) (State or foreign country)

16. (a) Informant Maudie England
 (b) Address R # 11 Springfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date of Aug 14 1941
 (Month) (Day) (Year)
 (c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director W. H. Dingler & Co.
 (b) Address Springfield - Mo.

19. (a) Aug 13 41 (Date received local registrar)
 (b) Mrs Guy Freeman (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? _____ (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 0

23. Signature Dia Allison (M. D.)
 Address Springfield Mo Date signed Aug 12 41

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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

Health Office,
County File Number 41-10-98
Date Filed 10/29/41

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:

Roy A. Gavin

Licensed Embalmer No. 1763

P. O. Address Springfield

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.