V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1942

Registration District No. [illegible]

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13621

Primary Registration District No. 1

Registrar's No. 133

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lewis
(c) City or town: Rural LaBelle, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No. 1 Mile South of Labelle,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Jimmie Frank English
3. (b) If veteran, name war: none
3. (c) Social Security No. 498-01-8520
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ora D. English
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: October 19th, 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	5	18	hr. min.

9. Birthplace: Williamstown, Lewis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: James A. English
13. Birthplace: Williamstown Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Sarah Tomkins
15. Birthplace: Williamstown Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Elizabeth English
(b) Address: LaBelle, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 9, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: LaBelle, Missouri
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Kirksville, Missouri
19. (a) May 8, 1942 (Date received local registrar) (b) Mrs. J. F. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1942 hour 9:00 minute A M.
21. I hereby certify that I attended the deceased from May 4, 1942, to May 7, 1942 that I last saw h. alive on May 7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	7 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature: E. H. Laughlin (M. D. or other) DO
Address: Kirksville Mo Date signed 5/4/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-42-1176
Date Filed MAY 19 1942

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Kirksville 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, above space should be left blank.