

FILED MAY 18 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15288

Do not use this space.

1. PLACE OF DEATH

(a) County Putnam Registration District No. 777
(b) Township York Primary Registration District No. 5955 Registered No. 50
(c) City Powersville (d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles W. England
(a) Residence, No. Powersville, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena L. England

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2nd, 1902

7. AGE YEARS 39 MONTHS 7 DAYS 28 IF LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Apr. 23, 1941 11. Total time (years) spent in this occupation 1yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Griswold, Iowa.

FATHER 13. NAME Milton England
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.

MOTHER 15. MAIDEN NAME Martha Huff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.

17. INFORMANT (ADDRESS) Mrs. Lena L. England Powersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Powersville Cem DATE May, 3, 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Deary-Statton Co., Powersville, Mo.

20. FILED May 3, 1942 W. B. Steley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1942

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1942, to April 29, 1942
I last saw him alive on April 29, 1942 Death is said to have occurred on the date stated above, at 9:40 A.M.
The principal cause of death and related causes of importance were as follows:

Possibly - Embolism

Other contributory causes of importance:

Chronic Myocarditis

Name of operation 938 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. W. M. Daulton M. D.

(Address) Powersville, Mo.

JAN 4 1942

RECEIVED

District Health Officer No. 10

District File Number 5-42-1096

Date Filed MAY 15 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 Me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Howe Mass

Licensed Embalmer No. 2634

P. O. Address Penitons 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.