S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19179

State File No.

Registration District No. ~~830~~ 831

Primary Registration District No. 4503 4504

Registrar's No. 51

02
2
0

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

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Shelbyville Sun
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Shelby 102
(c) City or town Shelbyville 3
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Duncan Engles
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 15 (Day) 1852 (Year)

8. AGE: Years	Months	Days	If less than one day
90	3	5	✓ hr. min.

9. Birthplace Harpers Ferry (City, town, or county) Ky 1 (State or foreign country)
10. Usual occupation none - retired
11. Industry or business
FATHER
12. Name Samuel Parker Engles
13. Birthplace (City, town, or county) Ky. 1 (State or foreign country)
MOTHER
14. Maiden name Elizabeth Small
15. Birthplace (City, town, or county) Ky. 1 (State or foreign country)
16. (a) Informant S. P. Engles
(b) Address Shelbyville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21-1942 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery
18. (a) Signature of funeral director E. P. Thompson
(b) Address Shelbyville Mo.
19. (a) Apr. 22-42 (Date received local registrar) (b) Madge Gooch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1942 hour 10:30 minute A M.
21. I hereby certify that I attended the deceased from Mch 17 1941, to Apr. 20 1942
that I last saw her alive on Mch 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

97

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 0
23. Signature P. C. Graber (M. D. ~~or other~~)
Address Shelbyville Mo. Date signed 4-21-42

1045 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-1-1188
Date Filed JUN 1 - 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 E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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, fact should be so stated above.