

FILED JUL 17 1942

Registration District No. 609

Primary Registration District No. 4363

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

1. PLACE OF DEATH:
(a) County: NEWTON
(b) City or town: NEOSHO
(c) Name of hospital or institution: ENROUTE TO HOSPITAL 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

3. (a) PRINT FULL NAME: GRACE MARIE ENGLISH
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex: FEMALE
5. Color or race: White
6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased: MARCH 28 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 3 1 hr. min.

9. Birthplace: CINCINNATI Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation: INFANT

11. Industry or business.....

MOTHER FATHER
12. Name: ISAAC ENGLISH
13. Birthplace: CINCINNATI Ohio
(City, town or county) (State or foreign country)
14. Maiden name: MABLE TATE
15. Birthplace: CINCINNATI Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant: Dr. C. L. ...
(b) Address: NEOSHO, MISSOURI

17. (a) STONY POINT CEM. (b) Date thereof: 6-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: STONY POINT CEMETERY

18. (a) Signature of funeral director: W. J. ...
(b) Address: Neosho Mo

19. (a) 7-10-1942 (b) Orley Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: NEWTON
(c) City or town: NEOSHO RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: ROUTE 50
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 29
year 1942 hour 7 minute 30 p. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death: accidentally burned to death by falling into bucket of spray material
Duration

Due to.....

Other conditions (Include pregnancy within 3 months of death) 18 1/2

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): accident
(b) Date of occurrence: June 29 1942
(c) Where did injury occur?: Newton Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

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

23. Signature: J. Reynolds (M.D. or other)
Address: Neosho Mo Date signed: 6/29/42

RECEIVED

District Health Officer No. 6,

District File Number 742-1026

Date Filed JUL 16 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

Carl Stone Jr.

Licensed Embalmer No. 4196

P. O. Address Neosho 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.