V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

27783

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 130

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville, Missouri
(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 24 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74 1 2

(c) City or town Maryville, Missouri
(If outside city or town limits write "RURAL")

(d) Street No. 122 East Edwards
(If rural, give location)

(e) If foreign born, how long in U. S. A.? - - - - - - - 0 years.

8. (a) PRINT FULL NAME James Durlin England

8. (b) If veteran, name war - - -

3. (c) Social Security No. - - - -

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Rosa England

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January 16, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	7	6	hr. - - min.

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

10. Usual occupation Hardware Merchant

11. Industry or business Merchant (Retired)

FATHER
12. Name William England
13. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Bonta
15. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Naomi Gray
(b) Address Maryville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-42
(Month) (Day) (Year)
(c) Place: burial or cremation Chilicothe, Mo.

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.

19. (a) August 25, 1942 (Date received local registrar) (b) Mary Coile (Registrar's signature)

1248

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22
year 1942 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from April, 1942 to Aug 22, 1942
that I last saw him alive on Aug 22, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	6 mo
Due to General Arteriosclerosis not known	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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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 J. A. Blasmer (M. D. or other)
Address Maryville Mo. Date signed 8/25/42

(Licensed Embalmer's Statement on Reverse Side)

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 John W. Price.

Licensed Embalmer No. 4281

P. O. Address Maryville 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.