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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

243155

State File No. _____

Registration District No. 282

Primary Registration District No. 5969

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cedar Polk

(b) City or town Dunnegan
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XX /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX
(Specify whether)

In this community XXX
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk

(c) City or town Fair Play
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lula Belle Engleman

3. (b) If veteran, name war XXX

3. (c) Social Security No. XX

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife XXXXX

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

7. Birth date of deceased August 9, 1921
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>11</u>	<u>25</u>	<u>X hr. X min.</u>

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

10. Usual occupation Clerk

11. Industry or business XXX

MOTHER FATHER { 12. Name Edgar Engleman

13. Birthplace Dunnegan, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lena Hopkins

15. Birthplace Fairplay, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Engleman

(b) Address Dunnegan, Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 8-7-1942
(Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director W.C. Davis & Co.

(b) Address Stockton, Missouri

19. (a) Aug 11, 1942
(Date received local registrar)

(b) Lloyd Sparks
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 4 day
year 1942 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from Oct 15
19 1940 to Aug 4 19 42
that I last saw her alive on Aug 4 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Adenoma carcinoma (Mucoid) of ilium

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) None

Major findings: Cancerous tumor at ilio ceca junction

Of operations _____

Of autopsy None

Duration _____

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? #

While at work # (Specify type of place) Means of injury #

23. Signature Chas H Brown (M. D. or other) #

Address Fair Play Mo Date signed 17

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

1294

RECEIVED

District Health Officer No. 7

District File Number 8-42-923

Date Filed 8-17-42

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 *Melvin Clunker*

Licensed Embalmer No. *3272*

P. O. Address *Stockton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE BUREAU OF HEALTH

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2405J-

Registration District No. 167

Primary Registration District No. 5-293

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Dunnegon Rural
(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 _____
In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Fair Play Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lula Belle Engleman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug _____
(Month) (Day) (Year)

8. AGE: Years 20 Months _____ Days _____
If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Jan 8, 1942 (b) A. Lloyd Sparks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day _____
Year 1942 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him/her alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

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.

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

3155