

S. No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9605

State File No. \_\_\_\_\_

FILED APR 11 1943  
1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 1001/800

Registrar's No. 387

1. PLACE OF DEATH:

(a) County BUCHANAN  
(b) City or town ST. JOSEPH  
(c) Name of hospital or institution State Hospital # 2-2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yrs 7 mo  
In this community San (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State no (b) County Carroll  
(c) City or town Carrollton Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES L. ENGLAND

3. (b) If veteran name war no 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased Dec. 15 1855  
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name James England

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

14. Maiden name Sarah G. England

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

16. (a) Informant State Hospital Records  
(b) Address St Joseph Mo.

17. (a) Removal (b) Date thereof April 7, 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton Missouri

18. (a) Signature of funeral director Herbert A. Sideman  
(b) Address 1802 Union, St. Joseph, Mo.

19. (a) 4-7-43 (b) Rose Heiny  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month April day 7th  
year 1943 hour 1 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 3rd 1943 to April 7th 1943  
that I last saw him alive on April 7th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis

Due to Senility

Due to bronchitis chorea

Other condition Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

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) no

(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) (e) Means of injury \_\_\_\_\_

23. Signature Herbert A. Sideman (M. D. or other) \_\_\_\_\_  
Address State Hospital # 2 Date signed 4/7/43

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

MOTHER FATHER

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(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.....

April 7 43

Registered Apprentice No.....

working under my personal supervision.

Signed

John A. Hurley

Licensed Embalmer No. 4050

P. O. Address St. Joseph, 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.