

S. No. 2  
4-5-42  
5-17-39  
X32873

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17959

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

FILED JUN 12 1943

Registrar's No. 46

Registration District No. 133

Primary Registration District No. 5483

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Rural Bethany Twp.  
(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 all of life (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Harrison

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

(d) Street No. Rural Bethany Twp  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Catherine Eble England

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
year 1943 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 1 1943, to May 2 1943  
that I last saw her alive on May 1 1943  
and that death occurred on the date and hour stated above.

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 Sept 25 1923  
(Month) (Day) (Year)

Immediate cause of death Tuberculosis of Lungs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

13 fl

8. AGE: Years 19 Months 7 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

MOTHER FATHER

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

12. Name Cloyd England

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

14. Maiden name Ethel Wallace

15. Birthplace Holt Co Mo.  
(City, town or county) (State or foreign country)

16. (a) Informant Cloyd England

(b) Address Bethany Mo.

17. (a) Rural (b) Date thereof May 7 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pathian Cemetery

18. (a) Signature of funeral director Geo E Wheeler

(b) Address Bethany Mo.

19. (a) 5-8-1943 (b) John M. Burris  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

23. Signature E. F. Harding (M.D. or other) DO.

Address Bethany Mo. Date signed 5/14/43

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**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.....

*Joe E. Wheeler*

Licensed Embalmer No. *3512*

P. O. Address *Bethany Md*

**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.**