

FILED JUL 21 1943

Registration District No. 7

Primary Registration District No. 5-4024113

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

1. PLACE OF DEATH:  
(a) County Douglas  
(b) City or town Waverly  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Douglas  
(c) City or town Ava Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 2  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Oma Zellar Engle  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife James E. Engle 6. (c) Age of husband or wife if alive 19 years  
7. Birth date of deceased May 7 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
39 / 70 / 29 hr. min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Henderson Elliott  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Wilson  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant James E. Engle  
(b) Address Route 2, Ava, Missouri

17. (a) Burial (b) Date thereof 4-7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home  
(b) Address Ava, Missouri

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1943 hour 6: minute 35 P. M.

21. I hereby certify that I attended the deceased from August 1942  
to Nov 7 1943  
that I last saw her alive on Nov. 25 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Breast resulting in general metastasis

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

Due to 50

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

Major findings: Observed  
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) \_\_\_\_\_  
(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?

23. Signature R.M. Johnson (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Date signed \_\_\_\_\_

*Dr. H. E. M.*

RECEIVED

District Health Officer No. 6,

District File Number 743-900

Date Filed JUL 20 1943

JUL 7 1943

MAY 27 1943

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 *W. B. Hutchinson*

Licensed Embalmer No. 3431

P. O. Address: *Arva 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.