

S. No. 2
M-5-42
7. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37539

State File No.

FILED DEC 2 1943
Registration District No. 30

Primary Registration District No. 5103

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Benton

(b) City or town "Rural" Lindsey 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 1
(Specify whether years, months or days)

In this community 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

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

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

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

3. (a) PRINT FULL NAME William Fayne England

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

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased Nov. 23 1943
(Month) (Day) (Year)

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

0 0 0 14 hr. 0 min.

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

10. Usual occupation.

11. Industry or business.

MOTHER FATHER { 12. Name Ervin Elijha England

{ 13. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Frieda May Waisner

{ 15. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ervin E. England

(b) Address Warsaw, Mo.

17. (a) Burial (b) Date thereof Nov. 24, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Home Cemetery

18. (a) Signature of funeral director White-Reser

(b) Address Warsaw, Mo.

19. (a) Nov. 27, 1943 (b) Gas A. Logan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1943 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 23, 1943 to Nov. 24, 1943; that I last saw him alive on Nov. 23, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Pre mature birth (one month early)

Due to cause unknown

Due to.

Other conditions 159
(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? Warsaw, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 0 Means of injury 0

23. Signature Ervin E. England (M: D. or other) 00
Address Warsaw Mo Date signed 11/24/43

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

8860

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.....

Not Embalmed.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.