S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43283

Registration District No. 274 Primary Registration District No. 5928 Registrar's No. 376

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Nelson, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Heath Creek Cem
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether years, months or days)

In this community 63 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

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

(d) Street No. 12 Miles N of Sedalia
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Samuel H. England.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

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 February 7th, 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	62	10	2	hr. min.

9. Birthplace Prairie Home, Saline Co. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John England

13. Birthplace Louisville, Ky. / (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Jane Job

15. Birthplace Louisville, Ky. / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henreitta Carroll.

(b) Address Rt. 2. Nelson, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-43 (Month) (Day) (Year)

(c) Place: burial or cremation Heath Creek Cemetery

18. (a) Signature of funeral director Ewing Funeral Home.

(b) Address 117 West 7th St. Sedalia,

19. (a) 12/11/43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9th year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 14, 1943, to Nov 25, 1943 that I last saw him alive on Nov 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Valvular Incompetency — Duration 3 years

Due to Prolonged muscular exertion

Due to

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

Major findings:
Of operations None

Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John McNeish (M. D. or other) DO

Address Houstonia Date signed 12-10-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-7-44

FEB 10 1944

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 John E. Myers

Licensed Embalmer No. 6220

P. O. Address Sedalia, Missouri

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.