

1. PLACE OF DEATH:

(a) County Crawford  
 (b) City or town Rural (Courtoise)  
 (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 80 years  
 years, months or days)

3. (a) PRINT FULL NAME George B England

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased March 8, 1863  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>10</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation farmer

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

MOTHER FATHER { 12. Name William England

{ 13. Birthplace Crawford Co., Missouri  
 (City, town, or county) (State or foreign country)

{ 14. Maiden name Wallisse Martin

{ 15. Birthplace Crawford Co., Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gladys Waller,

(b) Address Steelville, Missouri.

17. (a) burial (b) Date thereof 1-20-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Schwieden Cemetery.

18. (a) Signature of funeral director Thomas H. Salter  
 (b) Address Steelville, Missouri.

19. (a) 1-28-44 (b) G. W. Schwieden  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Crawford  
 (c) City or town rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 8 miles East of Steelville  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18,  
 year 1944 hour 6:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March 10,  
1943 to January 6, 1944  
 that I last saw him alive on January 6, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to senile debility

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

Other conditions (Include pregnancy within 3 months of death) 1318

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?

23. Signature William H. Gray (M. D. or other) \_\_\_\_\_  
 Address Steelville, Mo. Date signed 1/25/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

218  
144

5-17-39  
X35997

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RECEIVED

District Health Officer No. 5,

District File Number

144-67

Date Filed

1-31-44

FEB 1 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..... *Thomas S. Halberk*

Licensed Embalmer No. *4332*

P. O. Address *Steelville, 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.