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

DEPARTMENT OF COMMERCE
Bureau of the Census

FILED MAY 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14972

State File No.

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 34

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Rural VALLE (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RURAL-Blackwell (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 47 Years years, months or days)

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

3. (a) PRINT FULL NAME GEORGE FRANKLIN ENGLEDOW
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 Widowed
6. (b) Name of husband or wife Susie Madden
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased May 14, 1864 (Month) (Day) (Year)
8. AGE: Years 79 Months 11 Days 10 If less than one day hr. min.
9. Birthplace Washington Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farming and Livestock Dealer
11. Industry or business
FATHER 12. Name George Engledow
FATHER 13. Birthplace ? (City, town, or county) ? (State or foreign country)
MOTHER 14. Maiden name Alzonia Higginbotham
MOTHER 15. Birthplace ? (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Walter Engledow
(b) Address Blackwell Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Blackwell (Masonic)
18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.
19. (a) 4-26-44 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1944 hour 5 minute A. M.
21. I hereby certify that I attended the deceased from No attending Physician, 19 to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.
Immediate cause of death Infirmities of Age. — Duration
Due to Natural Cause.
Due to Old age. Issued permit on statement of family & neighbors
Other conditions. Feeble for years.
(Include pregnancy within 3 months of death)
Major findings:
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) No
(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 Fern Spencer (M. D. or other) L. R.
Address De Soto Date signed 4/26/44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-8-44

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.....

Licensed Embalmer No. 3531

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.