

V. S. No. 2  
OOM-2-43  
Rev. 5-17-37  
P. I. X3597

21438

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 22 1944

Primary Registration District No. 4151

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Worth

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

(c) Name of hospital or institution: none  
(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 23 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Maie Elizabeth England

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased 23 Sept. 1961  
(Month) (Day) (Year)

8. AGE: Years 82 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Waltham, Kansas (City, town, or county) (State or foreign country) 4

10. Usual occupation Home wife

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

12. Name Johannes Metz

13. Birthplace Kansas (City, town, or county) (State or foreign country) 4

14. Maiden name Stephan

15. Birthplace Kansas (City, town, or county) (State or foreign country) 4

16. (a) Informant Jessie England

(b) Address Starkville Mo.

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation Starkville Mo.

18. (a) Signature of funeral director W. H. Hartson

(b) Address Starkville Mo.

19. (a) 5/21/1944 (b) Ch. M. Schuredel  
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth

(c) City or town Starkville Mo.  
(If outside city or town limits, write "RURAL".)

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

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1944 hour \_\_\_\_\_ minute 49 M.

21. I hereby certify that I attended the deceased from Jan 1944 to May 2 1944 and that I last saw him alive on May 2 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

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

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

Other conditions (Include pregnancy within 3 months of death) 93d

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. H. Hartson (M. D. or other) \_\_\_\_\_

Address St James Mo. Date signed May 3 1944

Duration 1 yr

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

each read - start of this - all elements - WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

1367

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number 644368

Date Filed 6.20.44

FEB 26 1947

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

Embalmed

Henry M. Jones, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Henry M. Jones

Licensed Embalmer No. 2428

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.