

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31906**
Registrar's No. **99**

FILED OCT 11 1944
Registration District No. **257**

Primary Registration District No. **4496**

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

1. PLACE OF DEATH:

(a) County Shelby Shelbyville

(b) City or town Shelbyville
(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 _____)

In this community Life
years, months or days

3. (a) PRINT FULL NAME MARY ONWARD ENGLE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Tom Engle

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased: Dec. 14 - 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>8</u>	<u>17</u>	hr. <u>✓</u> min.

9. Birthplace: Shelby Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Onward O. Hutchison

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

14. Maiden name Anne Priest

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

16. (a) Informant Harry Engle

(b) Address Shelbyville, Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept 4 - 1944
(Month) (Day) (Year)

(c) Place: burial or cremation J. O. O. F. Cemetery

18. (a) Signature of funeral director E. P. Thompson

(b) Address Shelbyville, Mo

19. (a) Sept 15 1944 (Date received local registrar)

(b) Madge Gooch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day Sept
year 1944 hour 11:20 minute p M.

21. I hereby certify that I attended the deceased from March 11 1943 to Sept 1 1944
that I last saw her alive on Sept 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) GA

PHYSICIAN

Major findings: _____

Of operations ✓

Of autopsy ✓

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature P. G. Creaher (M. D. or _____)

Address Shelbyville Mo Date signed 9-5-44

RECEIVED

District Health Officer No. 10

District File Number 10-44-1724

Date Filed OCT-1-0-1944

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.....

Myself Registered Apprentice No.
working under my personal supervision.

Signed E. P. Thompson

Licensed Embalmer No. 11632

P. O. Address Shelbyville, 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.