

FILED DEC 12 1944 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 290

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
303 W Linden
(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 15 years
years, months or days)

3. (a) PRINT FULL NAME

Ed England

3. (b) If veteran,

name war no

3. (c) Social Security

No. no

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Nellie May England

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 9 - 1879

8. AGE: Years 65 Months 7 Days 8 If less than one day hr. min.

9. Birthplace Carroll Co. Mo.

10. Usual occupation Tobacco

11. Industry or business

MOTHER FATHER

12. Name Henry England
 13. Birthplace Carroll Co Mo
 14. Maiden name Jocann Harmon
 15. Birthplace Carroll Co Mo

16. (a) Informant Mrs. Ed. England

(b) Address Independence Mo

17. (a) Burial (b) Date thereof 11-20-44

(c) Place: burial or cremation Carrollton Mo

18. (a) Signature of funeral director E. Harmon

(b) Address Richmond Mo

19. (a) 11-20-44 (b) James Russell

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Independence Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. 303 West Linden
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
 year 1944 hour 10 minute 45 PM M.

21. I hereby certify that I attended the deceased from April 1944 to Nov 17, 1944;
 that I last saw him alive on Nov 17, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death ca of face

Due to 53

Other conditions (Include pregnancy within 3 months of death)

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) _____ (c) Means of injury _____

23. Signature George Verbell (M. D. or other) _____
 Address 11037 Warren Rd Ind Mo Date signed 11-20

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

DEC 18 1944

DEC 13 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

Jack W. Lapburne

Licensed Embalmer No. *1715*

P. O. Address *K e M o*

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.