

S. No. 2
OM-2-43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5690

FILED MAR 12 1945
Registration District No. 47

Primary Registration District No. 3008

State File No. _____
Registrar's No. 41

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

1. PLACE OF DEATH
(a) County Callaway
(b) City or town Fulton
(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 _____
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (or) county Callaway
(c) City or town Fulton
(d) Street No. 317 N. 8th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jennie English
3. (b) If veteran, name war _____
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 5
year 1945 hour 2 minute 5P M.

4. Sex Female 5. Color Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____
7. Birth date of deceased DK DK 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years about 80 Months - Days - If less than one day _____
hr. min.

Immediate cause of death Deceased suffered with a large tumor causing pressure on the heart and also had chronic Myo Carditis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings of operations Had no flyover for some time
Of autopsy 930

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Laundress

PHYSICIAN
Signature _____
Address _____
Date signed _____

11. Industry or business _____
12. Name DK
13. Birthplace DK
(City, town, or county) (State or foreign country)
14. Maiden name DK
15. Birthplace DK
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Nellie Graves
(b) Address 317 N. 8th Fulton, Mo.
17. (a) Burial (b) Date thereof Feb. 7-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation South Side Cem

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 2-5-45
(c) Where did injury occur? Fulton, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Natural cause

18. (a) Signature of funeral director Eli Bell
(b) Address Fulton, Mo.
19. (a) 2-6-1945 (b) Josie M. ...
(Date received local registrar) (Registrar's signature)

23. Signature W. Garrett ...
Address 2-5-45 Date signed 2-5-45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-12-45

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.....

Eli Bell

Licensed Embalmer No. 2130

P. O. Address..... Fulton, 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.