

STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10280

FILED MAR 16 1945

Registration District No. 24

Primary Registration District No. 5840

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural Ritchey Township  
(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 years, months or days)

In this community over fifty years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 73

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

(d) Street No. Ritchey Township  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME Mary Angeline English

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife William H English

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased February 15 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 11 28 hr. min.

9. Birthplace Stone County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER, FATHER {

12. Name Jacob Friend

13. Birthplace Newton County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Jane Branham

15. Birthplace Newton County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Gust English

(b) Address Granby Mo

17. (a) Burial (b) Date thereof 2-15-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 200 E. in Newtonia Mo

18. (a) Signature of funeral director Ballaway

(b) Address Monett Mo

19. (a) 2/16/45 (b) Lulu Newwood  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13  
year 1945 hour 1 minute 40 M.

21. I hereby certify that I attended the deceased from Nov. 4, 1944, to Feb. 12, 1945  
that I last saw h. or alive on Feb. 12, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease Duration 9 Mo.

Due to Chronic cholecystitis 4 yrs.

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

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 94

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)

(a) Means of injury 2 D

23. Signature Charles D. Foster M. D. or other \_\_\_\_\_

Address Granby Mo Date signed 2/14/45

1149

WRITE PLAINLY IN INK. MAKE A PERMANENT RECORD.

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.

**RECEIVED** MAR 14 1945

District Health Officer No. ....

District File Number 245-35

Date Filed MAR 14 1945

Signed.....

*J. H. Buchanan*

Licensed Embalmer No. 3179

P. O. Address.....

*Wm. M. Mc*

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.

Registration District No. 247 Primary Registration District No. 5840

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Newton  
(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 \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary A. English

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 M

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

7. Birth date of deceased Feb. 15  
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 2/16/45 (b) Lulu Norwood  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton

(c) City or town Van Buren  
(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 Feb day 13  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; \_\_\_\_\_ 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

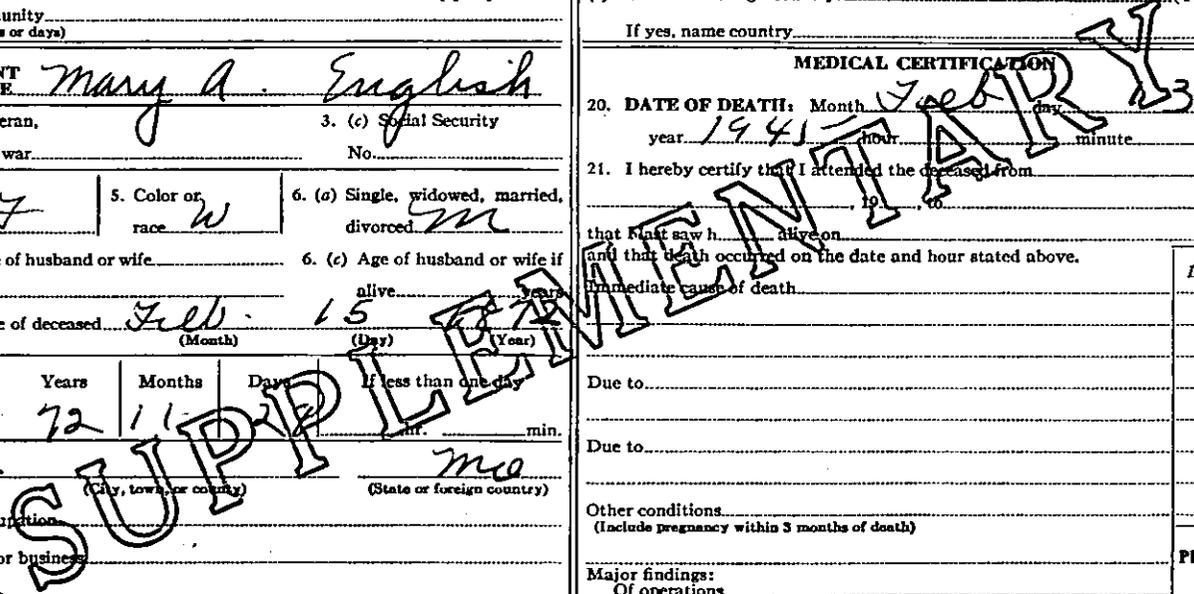
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(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 \_\_\_\_\_ (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_



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

Mona Beck

10280