V. S. No. 2
100M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

Registration District No. 198

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4310

State File No. 37688

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Bevier
(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
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 61

(c) City or town Bevier 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME OLA English

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife James English

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased 1 (Month) 29 (Day) 1874 (Year)

8. AGE: Years 72 Months 10 Days 28 If less than one day ___ hr. ___ min.

9. Birthplace Jonesburg (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Joe Staley
13. Birthplace (City, town, or county) Virginia 1 (State or foreign country)

MOTHER
14. Maiden name Sally Staley
15. Birthplace (City, town, or county) Virginia 1 (State or foreign country)

16. (a) Informant James English

(b) Address Bevier Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 - 29 - 1946 (Month) (Day) (Year)

(c) Place: burial or cremation West Oakwood Cem Bevier Mo

18. (a) Signature of funeral director [illegible] Edwards

(b) Address Bevier Mo

19. (a) 12-4-46 (Date received local registrar) (b) Winnie T. Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 26 year 1946 hour 5 minute 27 A.M.

21. I hereby certify that I attended the deceased from Nov. 20, 1946, to Nov. 26, 1946 that I last saw her alive on Nov. 25, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — Duration ?

Due to

Due to

Other conditions: Extra Large Uterine Fibroid? (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 56 B

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Jr E L Weidlich (M. Dr. other)

Address Bevier, Mo. Date signed 11/27/46

1289

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-46-2218
DEC 10 1946
Date Filed

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 W. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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.