

Registration District No. **128**

Primary Registration District No. **5664**

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

1. PLACE OF DEATH:

(a) County **Lewis**

(b) City or town **Rural Reddish**
(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 **Entire life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis** **56**

(c) City or town **Rural Reddish**
(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 _____

3. (a) PRINTED FULL NAME **George G. English**

(b) If veteran, name war **None** (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Naume Pagan** 6. (c) Age of husband or wife if alive **years 14**

7. Birth date of deceased **Aug. 14 1872**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **1st** year **1947** hour **8** minute **45 a.m.**

21. I hereby certify that I attended the deceased from **July** 1946, to **Apr 1** 1947; that I last saw him alive on **Mar 31** 1947; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **gyp**

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years **74** Months **7** Days **17** hr. _____ min. _____

9. Birthplace **Lewis Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER { 12. Name **James English** 1

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

14. Maiden name **Lucretia Humphreys**

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

16. (a) Informant **Mrs Naume English**

(b) Address **Williamstown Mo.**

17. (a) **Burial** (b) Date there **Apr 3 '47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Provident Cemetery**

18. (a) Signature of funeral director **Paul H. Barkley**

(b) Address **Canton Mo.**

19. (a) **4/3/47** (b) **B. W. Jennings MD**
(Date received local registrar) (Registrar's signature)

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 **2**

23. Signature **D. C. E. Todd** (M. D. or other) **DO**

Address **Williamstown Mo.** Date signed **3/3/47**

RECEIVED
District Health Officer No. 10
District File Number 4-47-221
Date Filed APR 15 1947

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 Earl H. Dinkley
Licensed Embalmer No. 2615
P. O. Address Centerville, 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.