

No. 2
-12-45
-17-39
X47070

FILED DEC 26 1947
Registration District No. **294**

Primary Registration District No. **3056**

Registrar's No. **280**

1. PLACE OF DEATH:

(a) County **Randolph**
 (b) City or town **Moberly**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1140 Fisk Avenue /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME **David English**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **January 4 1885**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 11 8 hr. min.

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

10. Usual occupation **Caretaker Moberly Gun Club**

11. Industry or business.....

12. Name **John English**

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

14. Maiden name **Emma Jane Snider**

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

16. (a) Informant **Mrs. R.E. Barcus**

(b) Address **Moberly, Missouri**

17. (a) **burial** (b) Date thereof **12/13/1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Huntsville, Missouri**

18. (a) Signature of funeral director **Tom B. Patton**

(b) Address **Huntsville Mo**

19. (a) **12-13-47** (b) **Leah Williams**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**
 (c) City or town **Moberly**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1140 Fisk Avenue**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **12**
 year **1947** hour **7:05 A.M.** minute..... M.

21. I hereby certify that I attended the deceased from **Dec 1**
47 to **Dec 12** 19 **47**
 that I last saw h **him** alive on **Dec 11** 19 **47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Ac. Cordiae callosae** Duration **3 hr**

Due to **myocarditis**

Due to.....

Other conditions **Cancer Liver**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

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 **H.C. Griffiths** (M. D. or other)

Address **Moberly Mo** Date signed **12/14/47**

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

MOTHER FATHER

RECEIVED
District Health Officer No.
District File Number 12:47:17
Date Filed DEC 23 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 Paul J. Patton
Licensed Embalmer No. 4095
P. O. Address Hunterville, 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.