

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7559**

FILED FEB 17 1948

Registration District No. **354** Primary Registration District No. **45-19** Registrar's No. _____

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Cabool
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 4 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas 107

(c) City or town Cabool
(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 _____

3. (a) PRINT FULL NAME MARCELLUS GORIN English

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

4. Sex M-C 5. Color or race W. 6. (a) Single, widowed, married, divorced m-1

6. (b) Name of husband or wife Martha Jane 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 19, 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation R. R. Telegrapher

11. Industry or business _____

MOTHER FATHER { 12. Name Red Frank F. English

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

14. Maiden name Mary C. Gorin

15. Birthplace Mo. 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha English wife

(b) Address Cabool Mo

17. (a) Burial (b) Date thereof Feb 5 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabool

18. (a) Signature of funeral director Jaycord V. Elliott

(b) Address Cabool Mo

19. (a) Feb 3 (b) Gagnell Cunningham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1948 5th hour _____ minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 15, 1948, to Feb 3, 1948

that I last saw h _____ alive on _____, 19____, and that death occurred on the _____ and hour stated above.

Immediate cause of death Carditis Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy 950

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 J. M. Louie (M. D. or other)

Address Cabool Mo Date signed 2/5/48

(Licensed Embalmer's Statement on Reverse Side)

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

APR 17 1948

RECEIVED

Dist. No. 248107
Date Filed MAY 17 1948
2-16-48

MAR 2 1948

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 Layford V. Elliott
Licensed Embalmer No. 2252
P. O. Address Cafaul 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.