No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 20 1948

Registration District No. 33

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8475

Primary Registration District No. 3022

Registrar's No. 20

1. PLACE OF DEATH
(a) County: Harrison
(b) City or town: Bethany (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethany Hospital (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: 3 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Harrison
(c) City or town: Bethany (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: HAROLD D. ENGLAND
3. (b) If veteran, name war .....
3. (c) Social Security No. 487-14-7444
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Wyoma England
6. (c) Age of husband or wife if alive: 35 years
7. Birth date of deceased: Jan (Month) 13 (Day) 1909 (Year)

8. AGE: Years 39 | Months 1 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace: Harrison Co (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Clerk.
11. Industry or business .....
FATHER
12. Name: Floyd England
13. Birthplace: Harrison County (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name: Bertha Kidwell
15. Birthplace: Harrison County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Wyoma England
(b) Address: Bethany Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Kidwell Cemetery
18. (a) Signature of funeral director: Joe E. Kirkpatrick
(b) Address: Bethany Mo.
19. (a) Mch 9-48 (Date received local registrar) (b) Zola Berries (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1948 hour 8 minute 35 A.M.
21. I hereby certify that I attended the deceased from March 4, 1948, to March 6, 1948, that I last saw h. alive on March 6, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Alcoholism acute	3 days
Due to: Alcoholism chronic	20 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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: M. Gearhart (M. D. or other) M.D.
Address: Bethany Date signed March 9, 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 26 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Bethany 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.