

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

National Office of Vital Statistics

State File No.

FILED APR 8 1948
Registration District No.

Primary Registration District No. 6170

Registrar's No.

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Alexville Mo
(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 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone
(c) City or town Alexville
(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) PRINT FULL NAME Arlena Entler
3. (b) If veteran, name war: _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 21
year 1948 hour 11 minute _____ A.M.
21. I hereby certify that I attended the deceased from 13 Dec
1948, to 21 Feb 1948
that I last saw her alive on 20 Dec 1948
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race wh
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife John Entler
6. (c) Age of husband or wife if alive 15th years
7. Birth date of deceased: July 10th 1861
(Month) (Day) (Year)

Immediate cause of death Pneumonia
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations: _____
Of autopsy: _____

8. AGE: Years 86 Months 7 Days 11
If less than one day _____ hr. _____ min.

Duration _____
Underline Pneumonia as cause of death if death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name unknown

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

14. Maiden name Martha Entler

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

16. (a) Informant Jake Entler

(b) Address Alexville Mo

17. (a) Burial (b) Date there of Feb 22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenham Cem

18. (a) Signature of funeral director Herb J. Cheatham

(b) Address Alexville Mo

19. (a) Feb 25-48 (b) Arlene Murray Dep
(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? _____ (Specify type of place)

While at work? _____ (e) Means of injury D

23. Signature [Signature] (M. D. number) _____

Address [Address] Date signed 23 Feb 48

ADDITIONAL MEDICIAN
SUPPLEMENTARY
INFORMANT
REMARKS

RECEIVED
District Health Officer No. 6
District File Number 348-386
Date Filed MAR 21 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 Errett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Salena 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.

State File No. April
Registrar's No. _____

Registration District No. 347 Primary Registration District No. 6170

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

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Abeswelle
(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

3. (a) PRINT FULL NAME

Arelena Entsler

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

4. Sex F 5. Color w race _____ 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased July 10 1910
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

John Brunick

108

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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