

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20416

State File No. _____

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Waynesville General H
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81
(c) City or town St. James 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME ELIZA Frances Englebert

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

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased 3 27 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Red Bird Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Arnon Parker 9

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

14. Maiden name Martha Aanda

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

16. (a) Informant Mona Dearman
(b) Address St. James, Mo.

17. (a) General (b) Date thereof 7-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Suber Mo

18. (a) Signature of funeral director Ouel E Licklider
(b) Address 58 Germo Mo

19. (a) 7-9-48 (b) Phelma C. Buckholz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4
year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-6-15, 1948, to 7-4, 1948
that I last saw her alive on 7-4 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration 3 wks

Due to Hypertension

Due to _____

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

Major findings: Of operations 850

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 0

23. Signature E. E. Fairchild M. D. or other
Address Rolla Mo Date signed 7-7-48

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

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

AUG 13 1948

JUL 19 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.....

me

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Oral E Licklider*

Licensed Embalmer No. *3546*

P. O. Address *S. James 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.