

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25189**

FILED AUG 6 1948

Registration District No. **387**

Primary Registration District No. **6179**

Registrar's No. **38**

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town B. Y. W. Falls, Jackson
(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 78 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Sullivan
(c) City or town Bassett (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 Della Lamar England
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 19
year 1948 hour 7 minute 50 P.M.
21. I hereby certify that I attended the deceased from June 30
1948 to July 19, 1948
that I last saw her alive on July 19
and that death occurred on the date and hour stated above. 1948

4. Sex W 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Wm England
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased 3 2 1870
(Month) (Day) (Year)

Immediate cause of death Carcinoma of sigmoid
Due to _____
Due to _____
Other conditions Senile debility
(Include pregnancy within 3 months of death)

8. AGE: Years 78 Months 4 Days 17
If less than one day _____ hr. _____ min.

Duration 2 years
Physician [Signature]
Underline the cause to which death should be charged statistically.

9. Birthplace: Sullivan Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer's wife

11. Industry or business _____
12. Name James Lamar
13. Birthplace don't know (Ky?)
(City, town, or county) (State or foreign country)
14. Maiden name Jane Hunter
15. Birthplace Sullivan Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Bispard
(b) Address Millan

17. (a) Burial (b) Date thereof 7-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood - Millan

18. (a) Signature of funeral director [Signature]
(b) Address Millan Mo

19. (a) July 29 1948 (b) Mrs. H. B. Harris
(Date received local registrar) (Registrar's signature)

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)
Means of injury _____
23. Signature [Signature] (M. D. or other) Do
Address [Signature] Date signed 7/21/48

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

RECEIVED

District Health Officer No.

District File Number 8-48-

Aug 1 - 1949

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 Dwight Schauer

Licensed Embalmer No. 2667

P. O. Address Urbana 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.