DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1948

Registration District No. 278

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33716

Primary Registration District No. 3054

Registrar's No. 111

1. PLACE OF DEATH:

(a) County: Pike

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

(c) Name of hospital or institution: Pike Co. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days)

In this community: 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pike

(c) City or town: Louisiana
(If outside city or town limits, write "RURAL")

(d) Street No.: 316 1/2 Georgia Street
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: ELMA CAROLYN ENGLE

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: George Engle

6. (c) Age of husband or wife if alive: Deceased years

7. Birth date of deceased: October (Month) 30 (Day) 1867 (Year)

8. AGE: Years 81 Months 11 Days 23 If less than one day hr. min.

9. Birthplace: Callao (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retired Housewife

11. Industry or business: --------

FATHER
12. Name: Jack Salyer
13. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name: Unknown Leighton
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Charles Engle
(b) Address: Summer Hill Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/ 24/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Louisiana Missouri

18. (a) Signature of funeral director: Garner & Sterne
(b) Address: Louisiana Missouri

19. (a) 10-24-48 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23 year 1948 hour 3 minute 15 a M.

21. I hereby certify that I attended the deceased from 19 47 to 10-23 19 48; that I last saw h er alive on Oct. 22 19 48; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia

Due to:

Due to: Cerebral hemorrhage

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

Duration

PHYSICIAN

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: None

(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: [illegible] (M. D.)

Address: Louisiana, Missouri Date signed 9-23-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 10-48-1844
Date Filed OCT 27 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 Virginia M. Steine, Registered Apprentice No. 289 working under my personal supervision.

Signed J. B. Steine

Licensed Embalmer No. 4039

P. O. Address Louisiana

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.