

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 8352
1220

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>30 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4529 Bell St.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>4529 Bell St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Harvey</u>		a. (First) <u>H.</u>		b. (Middle) <u>ENGLISH</u>		c. (Last) <u>ENGLISH</u>	
4. DATE OF DEATH <u>3-15-1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>4/6/1881</u>		9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>1</u> DAYS <u>13</u> HOURS <u>13</u> MIN. <u>13</u>		11. BIRTHPLACE (State or foreign country) <u>South Dakota /</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>McKesson Robins</u>		11. BIRTHPLACE (State or foreign country) <u>South Dakota /</u>	
13a. FATHER'S NAME <u>George W. English</u>		13b. MOTHER'S MAIDEN NAME <u>Drusilla Hall</u>		14. NAME OF HUSBAND OR WIFE <u>Nelle English</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>487-05-6617</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nelle English</u>		18. ADDRESS <u>K.C. Mo.</u>		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Dilatation of Heart</u> ANTECEDENT CAUSES <u>Fibrillation & Recompensation 4 days</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4331</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>8/14/1949</u> , to <u>3/15/1949</u> , that I last saw the deceased alive on <u>3/14/1949</u> , and that death occurred at <u>12:45 PM</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Edson C. Carrier</u> (Degree or title) <u>M.D.</u>	
23b. ADDRESS <u>2420 Plymouth Blvd.</u>		23c. DATE SIGNED <u>3/16/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/17/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>DeSoto Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>DeSoto, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Farnsworth</u>		25. ADDRESS <u>K.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-17-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Farnsworth</u>		25. ADDRESS <u>K.C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Carver

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Jimmy S. Duckhorn
Licensed Embalmer No. *4092*

P. O. Address *Mission, Tenn.*

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.