N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29256
Do not use this space.

1. PLACE OF DEATH
(a) County HENRY
(b) Township CLINTON
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
Registration District No. 347
Primary Registration District No. 5488
Registered No.

2. PRINT FULL NAME 520 WILLIAM ENGLAND
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: CARRIE ENGLAND
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JUNE 5, 1865
7. AGE: YEARS 74 | MONTHS 2 | DAYS 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: FARMER
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BUNKERHILL ILLINOIS

FATHER
13. NAME: WILLIAM ENGLAND
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ENGLAND

MOTHER
15. MAIDEN NAME: SARAH ECCLES
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ENGLAND

17. INFORMANT (ADDRESS): WILL ENGLAND CLINTON, MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: ENGLEWOOD DATE: 8-10 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): CONSALUS & PECK CLINTON MO.
20. FILED: 8-30 1939 Dr. J. R. Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-8, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 21, 1939, to Aug 8, 1939
I last saw h alive on 8-8, 1939. Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	5-21-39

Other contributory causes of importance:

Nephritis chronic	?
Mitral regurgitation	?

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) G. Swalker, M. D.
(Address) Clinton Mo.

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-39-1787
Date Filed 9-7-39

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.