

No. 10
X23159

SEP 15 1941

STANDARD CERTIFICATE OF DEATH

State File No. 28680

Registration District No. 449

Primary Registration District No. 4267

Registrar's No.

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

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town LEBANON
(c) Name of hospital or institution: IN CROCKERY STORE 114 N. JEFFERSON
(d) Length of stay: In hospital or institution. 2
In this community 1 yr years, months or days

3. (a) PRINT FULL NAME JOSEPH ENGLAND

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased NOV 29 1866
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>74</u> | <u>9</u> | <u>5</u> | hr. min. |

9. Birthplace ILL. 1
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED MINER & FARMER

11. Industry or business

12. Name WM ENGLAND

13. Birthplace ENGLAND 4
(City, town, or county) (State or foreign country)

14. Maiden name SARAH ECCLES

15. Birthplace NOT KNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant C Spangiel
(b) Address Lebanon Mo

17. (a) Burial (b) Date thereof. (Month) (Day) (Year)
(c) Place: burial or cremation CLINTON MO

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON

19. (a) 8-30-41 (b) J. A. M. Toueb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE ⁰⁵³
(c) City or town LEBANON ²
(d) Street No. 111 N ADAMS
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 29
year 1941 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death HEART ATTACK

Due to MYOCARDIAL FAILURE

Due to fell dead in a store

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

Major findings: Of operations. Of autopsy.

Duration
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 _____
(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 _____
23. Signature JAMES D. STANTON (M.D. or other) Coroner
Address LEBANON MO Date signed 8/29/41

RECEIVED

District Health Officer No. 7,

District File Number 9-41-16-34

Date Filed 9-10-41

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.....

Allyn Dethage

Registered Apprentice No. 294

working under my personal supervision.

Signed.....

W. P. Palmer

Licensed Embalmer No. 1161

P. O. Address.....

Lebanon 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.

STANDARD CERTIFICATE OF DEATH

State File No. 28680

Registration District No. 449

Primary Registration District No. 4267

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Joseph England

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

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

7. Birth date of deceased Nov. 24 1886
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 9 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to my cardiac failure

Due to fell dead in a store

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

Major findings: there was no post mortem
Of operations none

Of autopsy 200 a

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically. 7

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence Aug 29 41

(c) Where did injury occur? none (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? NO injury at any place

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-28680