

FILED MAY 6 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **12648**

Registration District No. **79**

Primary Registration District No. **4141**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County **Colo.**

(b) City or town **Centertown, Mo. - Marion**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Centertown, Mo.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Colo**

(c) City or town **Centertown, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **Centertown, Mo.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mary Elizabeth English**

MEDICAL CERTIFICATION

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

20. DATE OF DEATH: Month **April** day **19**
year **1946** hour **4/30** minute **A.M.**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

21. I hereby certify that I attended the deceased from **July 10**, 19**45**, to **April 19**, 19**46**
that I last saw her alive on **April 18**, 19**46**
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **A.B. English**

6. (c) Age of husband or wife if alive **75** years

Immediate cause of death **Cancer of stomach**

Duration **8 mo.**

7. Birth date of deceased **Dec 1 1876**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days -	If less than one day
	69	4	18	hr. min.

Due to.....

9. Birthplace **Moniteau Co. Mo.**
(City, town, or county) (State or foreign country)

Due to.....

10. Usual occupation **House Wife**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations.....

12. Name **Jacob Scheurer**

Of autopsy.....

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

13. Birthplace **Switz**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Stiner**

15. Birthplace **Switz**
(City, town, or county) (State or foreign country)

16. (a) Informant **A. B. English**

(b) Address **Centertown Mo.**

17. (a) **Burial** (b) Date thereof **Apr; 21. 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shile Cem.**

18. (a) Signature of funeral director **Bowlin Funeral Home**

(b) Address **California, Mo.**

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.....

19. (a) **Apr. 21-46** (b) **Mrs. Minnie Hittman**
(Date received local registrar) (Registrar's signature)

23. Signature **Kenneth Latham** (M. D. or other).....
Address **California, Mo.** Date signed **4-22-46**

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

11553

6

70

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 5-3-40

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 me.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl R. Bjerlin
Licensed Embalmer No. 2126
P. O. Address California, B

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.