

S. No. 2
A-1-4-41
P. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14982

FILED MAY 20 1942

Registration District No. 5769

Primary Registration District No. 5769

Registrar's No. 21

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

1. PLACE OF DEATH: Moniteau, Co.

(a) County Moniteau, Co.

(b) City or town Rural Walker

(c) Name of hospital or institution: Wp.

(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

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

(d) Street No. Centertown, Mo. R. #2 (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Milton Anderson English

3. (b) If veteran, name war _____

3. (c) Social Security No. NO

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 4 1868 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>9</u>	<u>6</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John E. English

13. Birthplace Moniteau, Co. (City, town, or county) (State or foreign country)

14. Maiden name Sarah J. Alexander (City, town, or county) (State or foreign country)

15. Birthplace Moniteau, Co. (City, town, or county) (State or foreign country)

16. (a) Informant W. J. English

(b) Address Centertown, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Shilo Cem

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

(b) Address California, Mo.

19. (a) 4-12-42 (Date received local registrar) (b) Mrs. James R. Pech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1942 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 22 1942 to April 8 1942 and that death occurred on the date and hour stated above.

that I last saw him alive on April 8 Mar 22 1942

Immediate cause of death Generalized arteriosclerosis
Chronic nephritis

Duration 2 yr

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Kenneth Latham (M. D. or other) _____

Address California, Mo Date signed 4-11-42

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(Licensed Embalmer's Statement on Reverse Side)

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 Earl R. Boulton
Licensed Embalmer No. 2126
P. O. Address Calisornia, Inc

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.