

3. No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28408**
Registrar's No. **49**

National Office of Vital Statistics
FILED AUG 30 1947
Registration District No. **224**

Primary Registration District No. **5796**

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

1. PLACE OF DEATH:
(a) County **Moniteau Co**
(b) City or town **Rural Walker**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jamestown, Mo Rt # 2
(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 **Moniteau**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Jamestown, Mo Rt # 2**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Milton A.V. English**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **31**
year **1947** hour **12** minute **10** P.M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Feb 06 1876**
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day
71 5 25 hr. min.

Immediate cause of death **Coronary thrombosis, arteriosclerosis**
Due to **Cardio renal disease cause unknown**
Due to.....
Other conditions..... (Include pregnancy within 3 months of death)

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

Major findings:
Of operations..... **938**
Of autopsy.....

11. Industry or business.....

12. Name **Jonithan English**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Henretta Acers**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul R. English**
(b) Address **Jamestown, Mo**
17. (a) **Burial** (b) Date thereof **AUG 3, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Shilo Cent.**

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

18. (a) Signature of funeral director **Bowlin Funeral Home**
(b) Address **California, Mo**
19. (a) **8/4/47** (b) **H.R. Poppey**
(Date received local registrar) (Registrar's signature)

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?..... (Specify type of place)
While at work..... (e) Means of injury.....
23. Signature **L. D. Lathan** (M. D. or other)
Address **California MO** Date signed **8-1-47**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 29 1947

SEP 1 1947

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. Bouhin

Licensed Embalmer No. 2126

P. O. Address California, D.C.

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.