

FILED APR 6 1948

Registration District No. 27

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9476

Primary Registration District No. 5796

Registrar's No. 10

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 Centertown, Mo Rt #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life 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 Rt #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nero J. English

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arnie English 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct 22 1977
(Month) (Day) (Year)

8. AGE: Years 70 - Months 4 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John E. English

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

14. Maiden name Sarah Alexander

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

16. (a) Informant Jerry English

(b) Address Centertown MO

17. (a) Burial (b) Date thereof Mar. 4. 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shiloh Cent.

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

(b) Address California, Mo

19. (a) 3-3-48 (b) H.R. Popejoy
(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1948 hour 12/40 minute A.M.

21. I hereby certify that I attended the deceased from Aug 3
1946, to March 2 1948
that I last saw him alive on March 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Duration 6 weeks

Due to Generalized arteriosclerosis 5 years

Due to _____

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

Major findings: 94A
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause of 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? _____ (Specify type of place)

While at work? _____ (Specify type of place)

23. Signature Kerron Latham (M. D. or other) 0

Address California, Mo Date signed 3-2-48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 5 1948

SEP 6 1949

APR 6 1948

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. Boulton

Licensed Embalmer No. 2126

P. O. Address California, 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.