

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39199

State File No. _____

Registration District No. 107

Primary Registration District No. 950

Registrar's No. 27

1. PLACE OF DEATH:
(a) County Callaway Jackson
(b) City or town Bachelor
(c) Name of hospital or institution: 2
(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

3. (a) PRINT FULL NAME Elizabeth Frances English 5216
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife M. F. English
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 15 1960
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace Cass Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Farming

12. Name George C. McIninch

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

14. Maiden name ELIZABETH WICKENSHAM

15. Birthplace Frankford Mo. 154
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature G. H. Hamilton

(b) Address Bachelor Mo.

17. (a) Funeral (b) Date thereof Nov 30 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friendship Cemetery

18. (a) Signature of funeral director Hughes Manpin

(b) Address Quincy Ave. Waco

19. (a) Nov 30-39 (b) B. Nichols
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Callaway
(c) City or town Bachelor
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th
year 1939 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov. 12
1939 to Nov 28, 1939.
that I last saw her alive on Nov. 28, 1939.
and that death occurred on the date and hour stated above.

Immediate cause of death
General Senility.
Pleurisy with effusion
Due to Cold of about 2 weeks standing
and gradual failure of circulation
Due to _____

Duration

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

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 A. H. Demain (Attending Physician)

Address Quincy Ave. Waco Date signed Nov 30, 39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Hughes Mankin

Licensed Embalmer No.....

135-8

P. O. Address.....

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, above space should be left blank.