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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

NOV 20 1940

Registration District No. 548

Primary Registration District No. 4323

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Palmyra
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Palmyra
(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.

3. (a) PRINT FULL NAME OPAL ENGELHART

3. (b) If veteran, name war ✓

3. (c) Social Security No. 477-10-9085

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th
year 1940 hour 11 minutes 10 P. M.

21. I hereby certify that I attended the deceased from October 17
1940, to _____ 19____;

that I last saw her alive on October 17
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

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

7. Birth date of deceased: Oct (Month) 7 (Day) 1893 (Year)

Immediate cause of death Apoplexy - Cerebral haemorrhage - Hypertension -

Due to _____

Due to _____

8. AGE: Years 47 Months - Days 10 If less than one day _____ hr. _____ min.

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

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

Major findings:
Of operations _____

Of autopsy _____

10. Usual occupation Cook

11. Industry or business Restaurant

12. Name George Oppy

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

14. Maiden name Edna White

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

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? _____

16. (a) Informant W. C. Oppy

(b) Address Hannibal Mo.

17. (a) Burial (b) Date thereof Oct. 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hannibal Palmyra Mo.

18. (a) Signature of funeral director C. D. Smeagel

(b) Address Palmyra Mo.

19. (a) Oct. 18-1940 (b) Gertrude Lee
(Date received local registrar) (Registrar's signature)

23. Signature Dr. M. J. McAdams (M. D. or other) _____
Address Palmyra Mo. Date signed 10/18/40

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

2.

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.....

E. J. Sprague

Licensed Embalmer No. *3245*

P. O. Address *Palmyra Ind.*

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.