

DE 02 1941 78  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5904

I. PLACE OF DEATH

(a) County Phelps  
(b) City or town St James Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St James township  
(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 Sarah E Engle  
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 Mar.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive dead years \_\_\_\_\_  
7. Birth date of deceased 10 - 11 - 1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Alexander Beckham  
13. Birthplace MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Davis  
15. Birthplace MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Engle  
(b) Address St James MO  
17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Under care

18. (a) Signature of funeral director W B Beckham  
(b) Address St James MO  
19. (a) 11-12-41 (b) Elmer B Houck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps  
(c) City or town Rural  
(If outside city or town limit 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 9 day 30  
year 1941 hour 4:00 minute 00 M.  
21. I hereby certify that I attended the deceased from 8 5 46  
9 30 to 9 30 1941  
that I last saw h or alive on 8 16 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 940

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underlines 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 G N Lubnigh (M. D. or other) 0  
Address St James MO Date signed 11.12.41

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

**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.....

*Thomas S. Halbert*

Registered Apprentice No. *288*

working under my personal supervision.

Signed.....

*Orrell E. Lickler*

Licensed Embalmer No. *3546*

P. O. Address *St. James, 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, above space should be left blank.**