. No. 2
—1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 6426

FILED MAR 13 1942

Registration District No. 219

Primary Registration District No. 4132

Registrar's No. 7

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

**1. PLACE OF DEATH:**

(a) County Cooper

(b) City or town Bunceton (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 Life years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cooper

(c) City or town Bunceton (If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

**3. (a) PRINT FULL NAME** Mrs Kellie English

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 Widowed

6. (b) Name of husband or wife Henry H English

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

7. Birth date of deceased December (Month) 13 (Day) 1864 (Year)

8. AGE: Years 77 Months Days 7 If less than one day hr. min.

9. Birthplace Cooper County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name James N. Henderson
13. Birthplace West Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia R Chamberlain
15. Birthplace West Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. M. Grooms

(b) Address Bunceton MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem Bunceton

18. (a) Signature of funeral director Goodman & Boehm

(b) Address Boonville Mo

19. (a) Feb 15 - 1942 (Date received local registrar) (b) Mrs W W Robin (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 20 year 1941 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Oct 10, 1941, to Dec 20th, 1941 that I last saw her alive on Dec 19th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis Liver — Duration 2 mo

Due to —

Due to — 124 b

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

Major findings:
Of operations none
Of autopsy none

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature W. H. Elliott (M. D. or other)

Address Bunceton Mo Date signed Dec 20th 41

1087 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-11-42

**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 J. F. Goodman

Licensed Embalmer No. 1178

P. O. Address Roswell, N

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**