V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21653

Registration District No. 477479 Primary Registration District No. 200 5643 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Rural Twp. LaBelle,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56 0
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. South of LaBelle 1 Mile
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no 0 years.

3. (a) PRINT FULL NAME Ora Dwight English

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James F. English

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

7. Birth date of deceased June (Month) 21st, (Day) 1880 (Year)

8. AGE: Years 62 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Harveysburg, (City, town, or county) Ohio / (State or foreign country)

10. Usual occupation Home maker at Home

11. Industry or business

FATHER
12. Name Dwight Simpson
13. Birthplace Harveysburg, (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name Mary D. Williamson
15. Birthplace Harveysburg, (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant Elizabeth English
(b) Address LaBelle, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 27 (Day) -42 (Year)
(c) Place: burial or cremation Williamstown, Mo.

18. (a) Signature of funeral director Norman D Coder
(b) Address LaBelle, Mo.

19. (a) 6/30/42 (Date received local registrar) (b) P. W. Jennings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 9, 1942, to June 25, 1942;
that I last saw her alive on June 25, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-vascular renal disease	2 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Diabetes	15 yr.
Double mastoiditis for 6 wk.	

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Harry S. McCracken (M. D. or other) D.O.
Address LaBelle, Missouri Date signed Jun 26

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-42-1356
Date Filed JUL - 8 1942

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 Norman D. Roder

Licensed Embalmer No. 3721

P. O. Address LaBelle, 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.