S. No. 5
50M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 18 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18031

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 11

47 0 0

1. PLACE OF DEATH:

(a) County: Iron
(b) City or town: Rural; Arcadia Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Two miles North of Glover
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Iron
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: two miles North of Glover
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: William Alvie England

3. (b) If veteran, name war: no

3. (c) Social Security No.:

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Grace England

6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: April (Month) 30 (Day) 1889 (Year)

8. AGE: Years 54 Months 0 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace: unknown (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation: laborer

11. Industry or business:

FATHER
12. Name: William England
13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Mary Watson
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs. Grace England
(b) Address: Glover Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Chloride Mo.

18. (a) Signature of funeral director: Norman White & Sons
(b) Address: Norl White Ironton Mo.

19. (a) 5-17-43 (Date received local registrar) (b) Virginia R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1943 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 4, 1943, to May 8, 1943 that I last saw him alive on May 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia (Lobar) — Duration: 8

Due to: 108

Due to:

Other conditions: Bronchitis
(Include pregnancy within 3 months of death)

Major findings: Asthma & nitral
Of operations: insufficiency

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: C. M. Fitzpatrick (M. D. or other) M.D.
Address: Ironton Mo. Date signed: 5/19/43

1285

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 54324

Date Filed 5-18-43

MAY 20 1943

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

was not embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Boston Mass

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.