S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1947

Registration District No. 3 23

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23061

Primary Registration District No. 4474

Registrar's No. 22

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Sweet Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: So. Bridge Street /
(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: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline 97
(c) City or town: Sweet Springs 8
(If outside city or town limits, write "RURAL")
(d) Street No.: South Bridge Street 0
(If rural, give location) 0
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: LULU ANN 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: Married
6. (b) Name of husband or wife: G. H. English
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: March (Month) 12 (Day) 1886 (Year)
8. AGE: Years 61 | Months 3 | Days 3 | If less than one day ____ hr. ____ min.
9. Birthplace: Johnson County, Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business ____
MOTHER FATHER
12. Name: George Porter 0
13. Birthplace: Johnson County, Mo. (City, town, or county) (State or foreign country)
14. Maiden name: Sarah Marshall
15. Birthplace: Johnson County, Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. G. H. English
(b) Address: Sweet Springs, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Sweet Springs, Mo.
18. (a) Signature of funeral director: J. T. Parker
(b) Address: Sweet Springs Mo.
19. (a) 6/19/47 (Date received local registrar) (b) Dolly Andrew (Registrar's signature) 0 0 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1947 hour 4 minute P M.
21. I hereby certify that I attended the deceased from May, 1946, to June 15, 1947; that I last saw her alive on May 14, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Carcinomatosis
Due to: Carcinoma of Uterus
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations ____ Of autopsy ____

Duration

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) 0
While at work? ____ (e) Means of injury ____
23. Signature: James A Reid (M. D. or other) MD
Address: Marshall Mo Date signed June 17 '47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 6-27-47

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 L. T. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs 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, fact should be so stated above.