

Registration District No. **11**

Primary Registration District No. **4024**

Registrar's No. **63**

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barry County Clinic **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Loyd England

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex Male **0** 5. Color or race White

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

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: May 8 1947
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
no	no	1	hr. min.

9. Birthplace: Cassville Missouri **0**
(City, town, or county) (State or foreign country)

10. Usual occupation: None

11. Industry or business: None

MOTHER FATHER

12. Name: Kenneth F. England

13. Birthplace: Exeter Mo. **0**
(City, town, or county) (State or foreign country)

14. Maiden name: Evelynne Creason

15. Birthplace: Exeter Mo. **0**
(City, town, or county) (State or foreign country)

16. (a) Informant: Kenneth F. England

(b) Address: Exeter, Mo.

17. (a) Burial (b) Date thereof: May 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Maple Grove Ceme.

18. (a) Signature of funeral director: Wm. Morris Boyce

(b) Address: Wheaton, Mo.

19. (a) July 2-47 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry **5**

(c) City or town Cassville **1**
(If outside city or town limits, write "RURAL")

(d) Street No. Barry County Clinic **0**
(If rural, give location)

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

If yes, name country: _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 9th
year 1947 hour 8 minute 40 A. M.

21. I hereby certify that I attended the deceased from May 8 1947 to May 9 1947
that I last saw him alive on May 9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Patent intraventricular septum **16 hrs**
Duration

Due to: _____

Due to: _____

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

Major findings: 157E

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury: 0

23. Signature: May Northcutt (M. D. or other) M.D.
Address: Cassville, Mo. Date signed: 5-10-47

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

JUN 21 1947

RECORDED

District Health Officer No. 8;

District File Number 747-704

Date Filed JUN 21 1947

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.....
No Embalming

Licensed Embalmer No.....

P. O. Address.....

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.