

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

1. PLACE OF DEATH: Mississippi

(a) County Mississippi

(b) City or town Rural St. James
(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 years, months or days)

In this community life _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 1 mile South East Prairie
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DANIEL RICHARD ENGLAND

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov. 13, 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 5 If less than one day _____
hr. _____ min. _____

9. Birthplace New Madrid Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Joseph D. England

13. Birthplace New Madrid Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Colston

15. Birthplace New Madrid Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Annie H. Egans

(b) Address East Prairie, Mo.

17. (a) Burial (b) Date thereof 10-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W.O.W. cemetery

18. (a) Signature of funeral director Travis Shelby

(b) Address East Prairie, Mo.

19. (a) 11-12-47 (b) Bertrude G. Harper
(Date received local registrar) (Registrar's signature) 11/27/47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 year 1947 hour 8.40 minute 10 A. M.

21. I hereby certify that I attended the deceased from Oct 16, 1947, to Oct 18, 1947
that I last saw him alive on Oct 17, 1947
and that death occurred on the date and hour stated above

Immediate cause of death Influenza & pneumonia

Due to _____

Due to _____

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

Major findings: Of operations 37

Of autopsy _____

Duration 3 Days

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 J. R. Martin (M. D. or other) _____
Address East Prairie, Mo. Date signed 10-20-47

RECEIVED

District Health Office No. 2,

District File Number 1147-1478

Date Filed 11-12-47

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.