

BUREAU OF THE CENSUS
FILED JAN 17 1948

State File No. _____

Registration District No. 47

Primary Registration District No. 5172

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town Bachelor, Mo. Rural
(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 _____
 In this community 8 1/2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Pascal English
 3. (b) If veteran name war
 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 Ella English
 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased Feb. 2 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 0
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
 12. Name John R. English
 13. Birthplace D.K. Vir.
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Meador
 15. Birthplace D.K. Vir.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella English
 (b) Address Bachelor Mo.

17. (a) Rural (b) Date thereof Jan. 5-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friendship Cemetery

18. (a) Signature of funeral director Hughes Maupin

(b) Address Quivasse, Mo.

19. (a) Jan 9 48 (b) Josie Mosenbluff
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Callaway 14
 (c) City or town Bachelor, Mo Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. S. E. of Bachelor
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2
 year 1948 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from 12/12 1947, to 12/30 1947
 that I last saw him alive on 12/30 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis
 Duration 1 day

Due to _____

Due to _____

Other conditions Intestine fracture at hep
(Include pregnancy within 3 months of death) 3 weeks

Major findings: fracture of hip
 Of operations _____
 Of autopsy 12/14
 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) accident 14

(b) Date of occurrence 12/12/47

(c) Where did injury occur? Callaway, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at mill

While at work? no (Specify type of place) (e) Means of injury fall

23. Signature Henry Dunt (M. D. or other) M.D.
 Address Fulton, Mo. Date signed 1/3/48

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

RECEIVED
District Health Officer No. 9,
District File No. 115/48
Date filed

APR 20 1958

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 Hughes Mauhin

Licensed Embalmer No. 2358

P. O. Address Aux Vasse, 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.