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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29374

State File No. \_\_\_\_\_

FILED SEP 16 1948

Registration District No. 103

Primary Registration District No. 4175

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Bunklin

(b) City or town Harriersville Mo.  
(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 \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bunklin <sup>35</sup>

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES BUEL ENGLAND

3. (b) If veteran, name war # 2

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21  
year 1948 hour 3 minute 40 p. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

4. Sex Male  5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased July 18 - 1923  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Crushed internally

Broken Neck

Due to Turning over in truck

Due to Accidental

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

8. AGE: Years 25 Months 1 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Almas England

13. Birthplace Paragould Ark.  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Pearl Sparks

15. Birthplace Bayartown Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Almas England

(b) Address Hollywood, Mo.

17. (a) Burial (b) Date thereof 8/23/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cardwell Mo.

18. (a) Signature of funeral director W. J. Emery

(b) Address Jarvisburg, Ark.

19. (a) Sep 11 - 1948 (b) Bertha Kinschling  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

170 c-b

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident <sup>35</sup>

(b) Date of occurrence Aug. 21st, 1948

(c) Where did injury occur? Hi-way S. Caruth Mo.  
(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) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature Walter G. Henshaw <sup>35</sup>  
Address Ren Nett Mo Date signed 9-10-48

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

OCT 19 1948

RECEIVED

District Health Office No. 2

District File Number 948-1123

Date Filed 9-14-48

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: H. H. Howard

Licensed Embalmer No. 3959

P. O. Address Leachville Ark.

**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.