

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5943 Registrar's No. 20

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

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - N. Wellston</u>	c. LENGTH OF STAY (in this place) <u>3 1/2 yrs</u>	c. CITY OR TOWN <u>Poplar Bluff, Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ferndale Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>0127</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) _____ c. (Last) <u>England</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 24, 1954</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 18, 1905</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u>6</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>←</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bourbon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.-A.</u>	

13a. FATHER'S NAME <u>Frank England</u>	13b. MOTHER'S MAIDEN NAME <u>Worothy Hoffman</u>	14. NAME OF HUSBAND OR WIFE <u>Francis England</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>←</u>	16. SOCIAL SECURITY NO. <u>←</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ferndale Nursing Home Office - St. James</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u>		<u>2 years</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Anemia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>3 years</u>
	DUE TO (c) <u>Chronic interst. nephritis</u>		<u>2 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Singultus</u>			<u>2 weeks</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>592X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 6, 1951, to June 24, 1954 that I last saw the deceased alive on 6-23, 1954, and that death occurred at 10:10 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. J. Ammler, M.D.</u> (Degree or title)	23b. ADDRESS <u>St. James, Mo.</u>	23c. DATE SIGNED <u>6-25-54</u>
------------------------------------------------------------	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>June 25, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Poplar Bluff Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>
DATE REC'D BY LOCAL REG. <u>6-25-1954</u>	REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>	479	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Orval E. Licklider - St. James, Mo.</u>

County File Number _____
Date Filed June 30, 1954

AUG 11 1954

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 me, Student Embalmer No. _____ working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Oral E. Lickliter

Licensed Embalmer No. 354

P. O. Address St James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.