S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1942
Registration District No. 10

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29677
State File No.
Primary Registration District No. 3002
Registrar's No. 140

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1025 E. Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 12 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain 4
(c) City or town Mexico (If outside city or town limits, write "RURAL") 2
(d) Street No. 1025 E. Jackson (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ELLA INGLISH HARVEY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
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 September 21, 1864 (Month) (Day) (Year)

8. AGE: Years 78 | Months 0 | Days 3 | If less than one day hr. min.

9. Birthplace Manitau County Mo (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business

MOTHER FATHER
12. Name John Inglish
13. Birthplace T (City, town, or county) (State or foreign country)
14. Maiden name Mary Andrews
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. J. Jarmer
(b) Address 1219 Edmonds Jefferson City Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation California, Mo.
18. (a) Signature of funeral director James Turner
(b) Address 705 Jefferson Jefferson City Mo
19. (a) Sept-24-1942 (Date received local registrar) Margaret R Marsh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1942 hour 10 03 minute P M.
21. I hereby certify that I attended the deceased from 7 to 8 yrs
19 to 19;
that I last saw her alive on Sept 23 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Congestion	6 weeks
Due to: Arterial Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. E. Sorrell (M. D. or other) M.D.
Address Mexico Mo Date signed 9/25/42

1014
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-42-1794
Date Filed OCT 2 - 1942

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 L A Anderson

Licensed Embalmer No. 3641

P. O. Address Juneau

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.