

S. No. 2  
M-542  
y. 5-17-39  
P1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20993

State File No.

Registrar's No. 26

FILED JUL 9 1943

Registration District No.

Primary Registration District No. 6783

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town 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 \_\_\_\_\_ (Specify whether)

In this community Entire Life years, months or days

3. (a) PRINT FULL NAME WILLIAM PHILLIP ENGLEHART

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 Laverne Medowell Englehart alive 70 years

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

7. Birth date of deceased Aug 31 - 1868  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	9	8	hr. _____ min.

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

10. Usual occupation Farming

MOTHER FATHER

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

12. Name John Englehart

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

14. Maiden name Elizabeth

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

16. (a) Informant H. H. Englehart

(b) Address Jackson Mo RFD 7

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 6/11 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Country

18. (a) Signature of funeral director [Signature]

(b) Address Jackson

19. (a) Jul 1943 (Date received local registrar)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Cape Girardeau

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

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

(e) Citizen of foreign country? 0 (Yes or No)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9  
year 1943 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-13-1942 to 6-9-1943  
that I last saw him alive on June 8 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Hemorrhage

Due to Ulcerating Tumor of Stomach - Probable

Due to Malignancy

Other conditions Chronic pyelocystitis  
(Include pregnancy within 3 months of death)

Major findings: [Signature]

Of operations [Signature]

Of autopsy [Signature]

Duration \_\_\_\_\_

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? [Signature]

While at work? [Signature] (Specify type of place)

(e) Means of injury [Signature]

23. Signature [Signature] (M. D. or other)

Address Jackson Missouri Date signed 6-11-43

RECEIVED

District Health Officer No. 4  
District File Number 24352440  
Date Filed 7-8-42

---

---

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 Gene A. Crockett

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.**