

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

25148

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. Research Hospital)

Registration District No. 395  
Primary Registration District No. 300

File No. ....  
Registered No. 3148  
St. 13 Ward

2. FULL NAME

Pauline Lang Enggas  
(a) Residence, No. 1322 E 37 St., 13 Ward.

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henny Enggas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 20 1893</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>-</u>
	DAYS <u>-</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leavenworth Kansas</u>		
FATHER	13. NAME <u>Sylvian Lang</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
MOTHER	15. MAIDEN NAME <u>Don't Know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
17. INFORMANT <u>Mrs J H Handbush</u> (ADDRESS) <u>3228 E 30 St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood</u> DATE <u>July 23 1931</u>		
19. UNDERTAKER <u>Carroll Davidson</u> (ADDRESS) <u>3024 Troost</u>		
20. FILED <u>7-21</u> 19 <u>31</u> <u>M. M. Brown</u> <u>Registrar</u>		

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1931  
22. I HEREBY CERTIFY, That I attended deceased from July 23, 1931 to July 20, 1931  
I last saw h. alive on July 20, 1931 Death is said to have occurred on the date stated above, at 6:30 PM  
The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum  
4610 460  
1933  
Date of onset Dec. 1930  
Other contributory causes of importance:  
Cachexia from insitition

Name of operation Colostomy Date of July 23, 1931  
What test confirmed diagnosis Microscopic Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify.....

(Signed) Jan Estessers M. D.  
(Address) 1010 Riata Bldg., Kansas City  
Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

