24
5
1

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.

REC'D JUN 17 1938

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

18030
Do not use this space.

1. PLACE OF DEATH
(a) County CLAYRTY
(b) Township LIBERTY
(c) City LIBERTY
Registration District No. 201
Primary Registration District No. 5280 3012
Registered No. 43
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EDWARD J. ENGEL 524
(a) Residence, No. LIBERTY? MO. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): WIDOWER
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SADIE ENGEL
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 29 1854
7. AGE: Years 83 | Months 5 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME
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) N.Y.

FATHER
13. NAME JOHN B. ENGEL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANCE

MOTHER
15. MAIDEN NAME JACOLINA HAUTTER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANCE

17. INFORMANT GEORGE ENGEL
(ADDRESS) LIBERTY, MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE WYANET, ILL. DATE 5/29/38, 19
19. FUNERAL DIRECTOR HESSEL -CARDER
(ADDRESS) LIBERTY, MO.
20. FILED 5/27, 1938 E T Brant
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27/38, 19
22. I HEREBY CERTIFY, That I attended deceased from Jan 1936, 19..., to May 27, 1938
I last saw him alive on May 26, 1938. Death is said to have occurred on the date stated above, at 4 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1932
Ch. Myocarditis	1930?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? No.
If so, specify .....
(Signed) Gustendrew, M. D.
(Address) Liberty, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, John Carder, Licensed Embalmer No. 3934

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. 3934 or by, Registered Apprentice No.

working under my personal supervision.

Signed John Carder

Licensed Embalmer No. 3934

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)