OCT 12 1939

Dr. Wakeman

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

32395
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE 2 Registration District No. 318
(b) Township or City SPRINGFIELD 1 Primary Registration District No. 2001 Registered No. 686
(c) (d) Street No. 615 S. Market 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 Ina Marie Engleman
(a) Residence, No. 615 S. Market 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W.E. Engleman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 17, 1884
7. AGE: YEARS 55 ✓; MONTHS 4; DAYS 19; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as 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): Stockton Missouri

FATHER
13. NAME: Amos S. Hackett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Amanda McCanse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

17. INFORMANT (ADDRESS): W.E. Engleman Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fair Play, Mo. DATE Sept. 10, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): H.H. Lohmeyer Springfield, Mo.
20. FILED Sept 9, 1939 Chas A George MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 6, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1939, to Sept 6, 1939
I last saw her alive on Sept 6, 1939. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis — Date of onset 9-6-39
Other contributory causes of importance:
Hypertension
Chronic Myocarditis.
Name of operation None Date of
What test confirmed diagnosis? Examination Was there an autopsy? No
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?
If so, specify
(Signed) J. Newton Wakeman, M. D.
(Address) Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 X16605

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.