

No. 2
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X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

6385

FILED MAR 14 1940

STANDARD CERTIFICATE OF DEATH

State File No. _____

Dr. Shirley
Registration District No. 212

Primary Registration District No. 5292

Registrar's No. 2125

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Clark Township
(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) 2

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days 5 21

3. (a) PRINT FULL NAME Mrs. Katherine Engelbrecht

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 Widow

6. (b) Name of husband or wife Martin J. Engelbrecht 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 23 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78	10	8	hr. min.
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9. Birthplace Honey Creek, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Duenckel

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

14. Maiden name Anna Ziegler

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

16. (a) Informant Jessie H Engelbrecht

(b) Address R.F.D.#4, Jefferson City, Mo

17. (a) Burial (b) Date thereof Mar-4-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos J Glorn

(b) Address Jefferson City, Missouri

19. (a) March 4 - 1940 (b) Thos J Glorn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole

(c) City or town _____
(If outside city or town limit, write "RURAL")

(d) Street No. Biggs Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day second
year 1940 hour Four minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 5, 1940
_____ 19____ to March 2, 1940
that I last saw her alive on Feb. 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Sub.-Acute Bronchitis Duration 20 days

Due to Chronic Bronchial Asthma years

Due to _____

Other conditions 112
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: None
Of operations _____

Of autopsy None

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) No

(b) Date of occurrence No

(c) Where did injury occur? No
(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 Geo H Shirley M.D. (M.D. or other) 1
Address Eugene, Missouri Date signed 3/4/40

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

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.....
.....
working under my personal supervision.

Signed

Registered Apprentice No.....

Licensed Embalmer No. 1986

P. O. Address

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

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