DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7341

Registration District No. ~~3029~~ 3547 Primary Registration District No. ~~549~~ 3029 Registrar's No. 51

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ~~217 Bo 8~~ L St Elizabeth Hos (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 6 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

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

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

3. (a) PRINT FULL NAME Donald Lee Engelhart 5 [illegible]

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 Divoeced

6. (b) Name of husband or wife XXXX XXXXXXXXXXX

6. (c) Age of husband or wife if alive XXX years

7. Birth date of deceased May (Month) 17 (Day) 1913 (Year)

8. AGE: Years 26 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Palmyra (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Car salesman

11. Industry or business Nole Garage

FATHER
12. Name Fred A. Engelhart
13. Birthplace Marion Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Opal Opny
15. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Fred Engelhart

(b) Address Hannibal Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29 40 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem. Palmyra

18. (a) Signature of funeral director E. J. Sprague

(b) Address Palmyra Mo.

19. (a) 2-9-40 (Date received local registrar) (b) W C Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1940 hour 12.05 minute P M.

21. I hereby certify that I attended the deceased from ✓, 19__, to ✓, 19__; that I last saw h__ alive on ✓, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Gen shot wound in Chest. inflicted by William Jacobsen

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 172

Major findings:
Of operations

Of autopsy

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) Homicide

(b) Date of occurrence Jan. 27-40

(c) Where did injury occur? Hannibal (City or town) Marion (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street (Specify type of place)

While at work? (e) Means of injury Gen Shot.

23. Signature James O'Donnell (M. D. or other) Coroner of Marion County

Address Hannibal Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19311

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 E. J. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra 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, above space should be left blank.