

Registration District No. 352

Primary Registration District No. 4209

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Montrose
(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) 7
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME John Engeman 525

3. (b) If veteran name war 3. (c) Social Security No. 525

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sept 11 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business None

12. Name Henry Engeman

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

14. Maiden name Mary Fisher

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

16. (a) Informant Joseph Danzenbunck

(b) Address Montrose, MO

17. (a) Burial (b) Date thereof 4-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montrose MO

18. (a) Signature of funeral director Lee Y Walling

(b) Address Montrose MO

19. (a) 4-21-40 (b) W E Baggerly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
(c) City or town Montrose
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1940 hour 4 minute 30 / a.m.

21. I hereby certify that I attended the deceased from April 15, 1940, to April 21, 1940; that I last saw him alive on April 20, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, ch

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

317 While at work? _____ (Specify type of place) (e) Means of injury _____

29. Signature W A Cline (M. D. or other) MD

Address Appleton City Date signed 4-21-40

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

42
C
0

RECEIVED Officer No. 7,
District Health 5-40-765
District File Number 5-6-40
Date Filed

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 me
on the 21st day of Apr 1940, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099
P. O. Address Appleton City

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.