

399

1002

State File No.

Registrar's No. 2165

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: K. C. General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 days (Specify whether  
In this community 58 years  
years, months or days)

3. (a) PRINT FULL NAME PAUL ENGELHARDT 524  
3. (b) If veteran, name war No 3. (c) Social Security No. None

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 Unknown  
(Month) (Day) (Year)

8. AGE: Years 59 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer 6

11. Industry or business \_\_\_\_\_

12. Name Alvin Engelhardt 6

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

14. Maiden name Selma

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

16. (a) Informant William Englehardt

(b) Address 207 East 78 Terr.

17. (a) Burial (b) Date thereof 5/27/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery 761

18. (a) Signature of funeral director Swift & Fisher Co.

(b) Address 1101

19. (a) May 27, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits write "RURAL")  
(d) Street No. 4331 Bell (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 58 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th  
year 1940 hour 1 mi 20 A M.

21. I hereby certify that I attended the deceased from May 5th, 1940, to May 25th, 1940, 1940;  
that I last saw him alive on May 25th, 1940, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma of neck p.R.I.M.

Due to 53

Due to \_\_\_\_\_

Other conditions Terminal bronchopneumonia  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy See above

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. C. Gen. Hospital, K. C. Mo. (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Charles M. Quirk*

Licensed Embalmer No. *3774*

P. O. Address *K.C., Mo.*

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

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