

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 21 1940

Registration District No. 668

Primary Registration District No. 3092

Registrar's No. 249

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1120 East 14th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1120 East 14th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Jackie Albert Engles 524

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 Single

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

7. Birth date of deceased Aug. 1, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 5 hr. 30 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name John Allen Engles

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

14. Maiden name Beatrice Sprattley

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

16. (a) Informant John Allen Engles

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof Aug. 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) Aug 3-40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1
year 1940 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 1
1940 to Aug 1 1940
that I last saw him alive on Aug 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary atelectasis
Duration _____

Due to Prematurity

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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) _____

(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? _____

23. Signature Gordon Stauffer (M. D. or other) _____
While at work? _____ (Specify type of place) (e) Means of injury _____

Address Sedalia, Missouri Date signed 8-3-40

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

50
4
4

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-9-40

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 comply with the above constitutes grounds for revocation of license.)

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