No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27577

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3211

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 No.1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 49 years

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. 4416 Elmwood
(If rural, give location)
(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME Mr. CARL ENGLER (Carl Al Engler)

3. (b) If veteran, name war No

3. (c) Social Security No. 487-01-2304

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced Mar.

6. (b) Name of husband or wife Lavina Engler

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased August (Month) 23rd (Day) 1890 (Year)

8. AGE: Years 49 Months 11 Days 20 If less than one day ___ hr. ___ min.

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

10. Usual occupation Truck driver

11. Industry or business Sudermiester Stone Co.

FATHER
12. Name Fred Engler
13. Birthplace Unkown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Minnie Nester
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Record clerk
(b) Address K.C.Gen.Hospital,K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15,1940 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director D.H. Newcomer & Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Aug. 14, 1940 (Date received local registrar) (b) M. M. Crouse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12th year 1940 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 5th, 1940, to Aug. 12th, 1940; that I last saw him alive on Aug. 12th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pulmonary infarction with secondary abscess formation and acute pulmonary edema.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

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

23. Signature Emery R. Thew (M. D. or other)
Med.Dir.K.C.Gen.Hospital, K.C.Mo.
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 C. Hervey Russell

Licensed Embalmer No. 4070

P. O. Address K. C. Mo.

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

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