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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 5 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27711
Registrar's No. 3345

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution: St. Joseph Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
In this community Unknown, 57 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME George W. Engel, 524
3. (b) If veteran, name war no. 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Susanna Engel, 6. (c) Age of husband or wife if alive Under 20 years
7. Birth date of deceased July 4, 1869 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 1 19 hr. min.

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

10. Usual occupation Book Binder,

11. Industry or business X

MOTHER FATHER { 12. Name Henry Engel, 6
13. Birthplace Germany, 6
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Kelch,
15. Birthplace Germany, 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Susanna Engel,
(b) Address 2728 Askew, Kansas City, Mo.

17. (a) Burial, (b) Date thereof 8-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Aug. 25, 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. 2728 Askew,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? NO. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd,
year 1940, hour 2:20 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 16-40
Aug. 23 1940;
that I last saw him alive on Aug. 23 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Mesenteric thrombosis
Due to Unknown
Due to 94W
Other conditions (Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy as 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) Means of injury !
23. Signature [Signature] (M. D. or public health officer)
Address 802 r. Paser Date signed 8/24/40

80-1-1000

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 *[Signature]*
Licensed Embalmer No. 1415
P. O. Address K. P. 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.