

FILED FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1389

State File No. 349

Registration District No. 299

Primary Registration District No. 1002

Registrar's 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: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days  
(Specify whether years, months or days)  
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3200 Arlington  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22nd  
year 1941 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1-10-41, 1941 to 1-22-41, 1941;  
that I last saw her alive on 1-22-41, 1941;  
and that death occurred on the date and hour stated above.  
Immediate cause of death

Acute Toxic Hepatitis  
Due to Pulmonary Infection  
Due to Acute Pulmonary Infection  
Other conditions of Pulmonary Infection  
(Include pregnancy, if it is a factor in the death)  
Major findings: III  
Of operations  
Of autopsy

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

3. (a) PRINT FULL NAME Mrs. Matilda Linley Engele

3. (b) If veteran, name war XX 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Herman A. Engele 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased October 23 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 2 29 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name No Record  
13. Birthplace 9  
14. Maiden name 9  
15. Birthplace 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanche E. Rice  
(b) Address 3200 Arlington, Indep. Mo.

17. (a) Cremation (b) Date thereof Jan 25-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Engelwood

18. (a) Signature of funeral director J. W. Wagner  
(b) Address Kansas City, Mo.

19. (a) Jan 24 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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 Russell (M. D. or other)  
\*Address 407th Date signed

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: *B. R. Hammersfeld*

Licensed Embalmer No. 4159

P. O. Address Kansas 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.**