

No. 2  
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17-39  
1492

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **15254**

Registration District No. 589

Primary Registration District No. 5787<sup>a</sup>

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town High Hill (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bear Creek  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 49 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town High Hill (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1941 hour 11 minute 45 A.M.  
21. I hereby certify that I attended the deceased from March 29, 1941, to April 21, 1941;  
that I last saw him alive on April 20, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart disease  
Duration 15 years

3. (a) PRINT FULL NAME John Friedrich Engel  
8. (b) If veteran name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Louise 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 22 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

-9. Birthplace Cass Mo. Montg. Co. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation F. farmer

11. Industry or business  
12. Name John Engel  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Caroline Runder  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant H. M. Engel  
(b) Address High Hill, Mo.

17. (a) Burial (b) Date thereof Apr. 23 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Pleasant

18. (a) Signature of funeral director Karl A. Harding  
(b) Address Jonesburg, Mo.

19. (a) April 23 1941 (b) Marie Lou Pleasner  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
857 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 4  
23. Signature Heber Nelson (M. D. or other) 200  
Address Jonesburg, Mo. Date signed 4/23/41

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.....

C. A. H......, Registered Apprentice No.....  
working under my personal supervision.

Signed Carl A. Harding.....

Licensed Embalmer No. 4115.....

P. O. Address Jonesburg, Mo......

**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.**