

No. 2
-1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16188
State File No.
Registrar's No. 11

Registration District No. 898 Primary Registration District No. 6204

1. PLACE OF DEATH:
(a) County Weber
(b) City or town Diggins, Mo
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
(Specify whether yours, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Weber
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John H. Engeltling
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 18
year 1941 hour 6 minute A M.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Hattie Engeltling 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan - 1 - 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-17 1941 to 4-16 1941;
that I last saw him alive on 4-16 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
71 3 18 hr. min.

Immediate cause of death: Chronic nephritic heart disease
Due to arteriosclerosis
Duration ?

9. Birthplace Schaumburg, Ill
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Other condition Chronic interstitial nephritis
(Include pregnancy within 3 months of death)
Due to 17/16

11. Industry or business _____
12. Name John E. Engeltling
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name W. D. W. Kaly
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Margaret Engeltling
(b) Address Springfield, Mo
17. (a) Burial (b) Date thereof 4-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zion Lutheran Cem
18. (a) Signature of funeral director W. H. Kelley
(b) Address Springfield, Mo
19. (a) May 9-41 (b) Leola W. Good
(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? 892
While at work? _____ (Specify type of place) (e) Means of injury SO
23. Signature Howard J. Meenan or other SO
Address Jordanland, Mo Date signed 4-24-41

RECEIVED

District Health Officer No. 6,

District File

Date Filed

541-814
MAY 15 1949

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.....

K K Kelley

Licensed Embalmer No. *3334*

P. O. Address..... *Seymour*

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, fact should be so stated above.