DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25963

FILED AUG 18 1941

Registration District No. 4735

Primary Registration District No. 3034

Registrar's No. 169

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 902 No Morley (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly (If outside city or town limits, write "RURAL")

(d) Street No. 902 No Morley (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Henry Tillman Engle

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Myrtle Engle

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

7. Birth date of deceased May (Month) 6th (Day) 1871 (Year)

8. AGE: Years 70 Months 2 Days 20 If less than one day ..... hr. ..... min.

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

10. Usual occupation Stock buyer + Shipper

11. Industry or business Self

FATHER
12. Name John Engle
13. Birthplace ..... (City, town, or county) O Mo (State or foreign country)

MOTHER
14. Maiden name Virginia Quisenberry
15. Birthplace ..... (City, town, or county) 1 Ky (State or foreign country)

16. (a) Informant Mrs Myrtle Engle

(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 28 (Day) 41 (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan + Son

(b) Address Moberly

19. (a) July 28-41 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1941 hour 10 pm minute ..... P.M.

21. I hereby certify that I attended the deceased from none, 19..., to ....., 19...; that I last saw him alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Undetermined, likely heart attack - sudden death

Due to Coroners case

Due to 200 C

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? none (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 Coroner

23. Signature H C Griffiths (M. D. or other)

Address Moberly Mo Date signed 2/27/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-41-1521
Date Filed AUG 15 1941

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 Frank S D'Witt

Licensed Embalmer No. 3021

P. O. Address Moberly

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, fact should be so stated above.