

Registration District No. 399

Primary Registration District No. 1002

48  
3  
8  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
K.C. Convalescent Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether  
In this community if 2 weeks  
years, months or days)

3. (a) PRINT FULL NAME Emilie Engelmohr

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

4. Sex Fe. 1 5. Color or race Wh. 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Jacob Engelmohr 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 15, 1858  
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 16 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business none

12. Name Arte Pleitke

13. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name not known to informant

15. Birthplace informant  
(City, town, or county) (State or foreign country)

16. (a) Informant O.H. Engelmohr

(b) Address 1317 Kansas Ave, K.C. Mo.

17. (a) Burial (b) Date thereof Sept. 3 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director J. W. Weather - Warner

(b) Address Kansas City, Kansas

19. (a) 9/2/41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 925 South 12th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 6.5 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31  
year 1941 hour 30 minute P.M.

21. I hereby certify that I attended the deceased from 8-17-41  
8-31-41  
to 8-31-41  
and that death occurred on the date and hour stated above.

that I last saw h. er alive on 8-30-41, 1941

Immediate cause of death

Cerebral Hemorrhage

Due to 830

Due to 830

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 430

Of autopsy

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 H. Sawyer (M. D. or other) D

Address 200 W. 12th St. Date 8-31-41

FEB 1 1968

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**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

*J. Chick Werner*

Licensed Embalmer No.

*2598*

P. O. Address

*Kansas City, Kansas*

**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.**