

FILED JAN 31 1942

Registration District No. 2434

Primary Registration District No. 5558

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural - Wash. Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
88th & Indiana
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 88th & Indiana
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clara C. Engel

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 26, 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 7 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name Henry Engel
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Kelsch
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Harry Engel
(b) Address 2920 Flora

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 42
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director _____

(b) Address 7406 Franklin St. St. Louis, Mo.

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4 year 1942 hour 3 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 4, 1942 to Jan. 5, 1942 that I last saw her alive on Jan. 4 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Due to _____

Other conditions 83 a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
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 James M. ... (M. D. or other) M.D.
Address 7224 North ... Date signed 1-3-42

Duration 1 day
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Harlyn Lee

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Harlyn Lee

Licensed Embalmer No. 2810

P. O. Address: 156720

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.