

ED APR 15 1943

Registration District No. 146

Primary Registration District No. 5568

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural Blue  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
40 Highway & Blue Ridge  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution  
In this community 22 years (Specify whether 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. 40 Highway & Blue Ridge  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME Richard S. Mengel

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 17 1871  
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Schockel Co Pa  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name William Mengel

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

14. Maiden name Rebender

15. Birthplace no record  
(City, town, or county) (State or foreign country)

16. (a) Informant Benny Mengel

(b) Address 6812 Raytown Rd

17. (a) removal (b) Date thereof 3/18/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit Mo

18. (a) Signature of funeral director Langford Fisk

(b) Address Lees Summit Mo

19. (a) 3-18-1943 (b) J. M. Cross  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17  
year 1943 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide gas poisoning  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 1st C

Major findings: Of operations \_\_\_\_\_  
Of autopsy see above

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 3/17/43  
(c) Where did injury occur? R.C. Co. Jackson Co.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home (Specify type of place) inhalation gas from furnace

While at work? no (a) Means of injury gas from furnace  
23. Signature J. M. Cross (M. D. or other) \_\_\_\_\_  
Address R.C. Co. Mo Date signed 3/18/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 *Stanley Ha'6*  
Licensed Embalmer No. *2467*  
P. O. Address *Indp. 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, fact should be so stated above.**