S. No. 2
DM—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

20258

State File No. 2496

Registration District No. 149 Primary Registration District No. 1002. Registrar's No.

**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: 3603 Central, / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether In this community 5 years, years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson, 48 3

(c) City or town Kansas City, 8 (If outside city or town limits, write "RURAL")

(d) Street No. 3603 Central (If rural, give location)

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

If yes, name country x

**3. (a) PRINT FULL NAME** Rev. Walter Henderson Brengle

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louise Kelsey Brengle

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July (Month) 22 (Day) 1865 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 77 | 10 | 10 | hr. min. |

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

10. Usual occupation Retired

11. Industry or business Minister

FATHER
12. Name Jacob Brengle,
13. Birthplace (City, town, or county) Kentucky / (State or foreign country)

MOTHER
14. Maiden name Ann Jones
15. Birthplace (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant Mrs. Louise K. Brengle,

(b) Address 3603 Central, Kansas City, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-4-43 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-2-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 2nd year 1943 hour 9:50 minute a. M.

21. I hereby certify that I attended the deceased from 1938, to June 2, 1943 that I last saw him alive on May 28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Cardio Vascular disease

Due to 9 3 D

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Terry E. Lilly (M. D. or other)

Address 807 Argyle Bldg Date signed 12.6. Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lilly

## 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.....

Licensed Embalmer No. 4139

P. O. Address.....

**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.**