. S. No. 2
00M—5-43
ev. 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 MAR 3 1945

Registration District No. 799

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5141

Registrar's No. 796

1. PLACE OF DEATH:

(a) County Jackson ~~[illegible]~~ City

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

(c) Name of hospital or institution: Children's Mercy Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs (Specify whether
In this community 6 hrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Jackson~~

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

(d) Street No. Rural
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Daniel Ray Engelhardt

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male O

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 February (Month) 8 (Day), 1945 (Year)

8. AGE: Years | Months | Days 9+18 hrs | If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Arthur Christian Engelhardt
13. Birthplace Hebron, North Dakota 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida Irene Smith
15. Birthplace Hebron North Dakota
(City, town, or county) (State or foreign country)

16. (a) Informant A. C. Englehardt
(b) Address Parkville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Parkville Mo

18. (a) Signature of funeral director L. H. Francis
(b) Address Parkville Mo

19. (a) 2-17-45 (Date received local registrar) (b) T. E. Brown (VB) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
year 1945 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2-17, 1945, to 2-17, 1945,
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Post Mortem

Due to Bronchopneumonia

Due to Atelectasis
Passive congestion of viscera

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107

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 O

23. Signature J. H. Larkin M.D. (M. D. or other)

Address Mercy Date signed 2-17-45

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed L. G. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.