S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32647

FILED NOV 7 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4398

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: 1310 Highland /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1310 Highland 8 0
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Charlie D. Engram

3. (b) If veteran, name war None

3. (c) Social Security No. 495-10-1262

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife Lillie Engram

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May (Month) 19, 1897 (Day) (Year)

8. AGE: Years 48 Months 5 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace Sulphur Spgs. (City, town, or county) Texas / (State or foreign country)

10. Usual occupation Hod-Carrier

11. Industry or business ____

FATHER
12. Name Charlie Engram
13. Birthplace ____ (City, town, or county) Texas / (State or foreign country)

MOTHER
14. Maiden name Isabelle Finney
15. Birthplace ____ (City, town, or county) Texas / (State or foreign country)

16. (a) Informant Lillie Engram
(b) Address 1310 Highland

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Nathins Bros.
(b) Address 1729 Lydia

19. (a) 10-26-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 19th year 1945 hour 10:30 minute P. M.

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

Deputy Coroner

Immediate cause of death Hyper tension Heart Disease

Due to Chronic Nephritis

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131 85

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 Deputy Coroner

23. Signature J. Rwellianis (M. D. or other)

Address 2636 - Brookline Date signed 10/24/45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.