

FILED NOV 3 1945  
Registration District No. 56

Primary Registration District No. 5194

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town "RURAL" Moss Creek Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARLENE MELBA ENGLEKING

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex FE / 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 June 13 1932  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

13 4 8 hr. \_\_\_\_\_ min.

9. Birthplace Carroll Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name F. H. Engleking

13. Birthplace Warren Co. Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Frieda Luders

15. Birthplace Carroll Co  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. F. H. Engleking

(b) Address Norborne Mo. R# 3.

17. (a) Burial (b) Date thereof Oct. 23 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Stanley Gibson

(b) Address Carrollton, Mo

19. (a) 10-23-45 (b) Eileen Pennington  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21  
year 1945 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-9-45  
19\_\_\_\_ to 10-21 1945

that I last saw her alive on 10-9- 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Duration 12 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Epilepsy since childhood  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 101

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature W.S. Atwood (M. D. or other) \_\_\_\_\_

Address Carrollton Mo Date signed 10/23/45

**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..... *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton, Va*

**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.**

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