

S. No. 2
M-5-43
5-17-39
I X33671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5597**
Registrar's No. **901**

FILED MAR 11 1946
149

Registration District No. 1002 Primary Registration District No. 1002

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:
3118 Forrest, K. C., Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3118 Forrest
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME IZZY ENGEL
(b) If veteran, name war No (c) Social Security No. None
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Rebecca Engel (c) Age of husband or wife if alive 60 years
7. Birth date of deceased January 2nd, 1886
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 20 day Feb.
year 1946 hour 4 minute 0 M.
21. I hereby certify that I attended the deceased from Jan 1, 1946 to Feb 20, 1946
that I last saw him alive on Feb 18, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
60 1 18 hr. min.

Immediate cause of death:
Acute coronary occlusion
Due to hypertension Heart disease 5 yrs
Chronic coronary artery disease 2 yrs.
Other conditions (Include pregnancy within 3 months of death) _____
Duration _____

9. Birthplace: Poland
(City, town, or county) (State or foreign country)
10. Usual occupation Shoemaker

PHYSICIAN
Major findings:
Of operations 93d
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Michael Engel
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name Rose
15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur P. Schaffer
(b) Address 3342 Park, K. C., Mo.
17. (a) Burial (b) Date thereof 2-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Cemetery

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 Alvin Guisberg (M. D. or other) _____
Address 422 Prof Date signed 2-22-46

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 3400 Woodland Av. e., K. C., Mo
19. (a) 2-22-46 (b) Sheldine Holmes
(Date received local Registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

876

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

4586

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.....

B. A. Legan

Licensed Embalmer No. *3979*

P. O. Address *H. C. 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.