

No. 2
-5-43
-17-39
X38671

State File No.

FILED MAY 13 1946

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2012

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:
315 West 9 St. 903-Grand /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2.5 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. 315 West 9 St 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Engel

3. (b) If veteran, name war no 3. (c) Social Security No. 488-22-2638

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma Engel 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased 8 2 - 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>8</u>	<u>27</u>	hr. min.

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

10. Usual occupation Janitor

11. Industry or business Temple Bldg

MOTHER, FATHER

12. Name no record

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Engel

(b) Address 315 West 9th

17. (a) Burial (b) Date thereof 5-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C. L. Foster

(b) Address D. C. no.

19. (a) 5-2-46 (b) Stalding Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1946 hour 5 minute 30 P/M

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

Immediate cause of death Coronary sclerosis
Due to arterio sclerosis

Due to _____
Other conditions: 94a
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy no
Heart & 9 inspection

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 h
23. Signature James H. Keller (M. D. or other)
Address 1424 1/2 W. 11th Date signed 4-30-46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

Joe B. Yoder

Licensed Embalmer No. *4173*

P. O. Address *KC 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.