

No. 2
1-5-43
5-17-39
I X36671

FILED JUN 20 1946

Registration District No. 879 Primary Registration District No. 5328 Registrar's No. 393

1. PLACE OF DEATH:

(a) County Crawford - RURAL - Liberty
 (b) City or town Liberty Mo
 (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 Missouri (b) County Crawford 28
 (c) City or town: Liberty - RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? _____ (Yes or No) _____
 If yes, name country _____

3. (a) PRINT FULL NAME Louis ENGELHARDT
 3. (b) If veteran, name war No 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day 27th
 year 1946 hour 6 minute 45 P.M.
 21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
 that I last saw h. _____ alive on _____ 19 _____
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lula 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased Nov. 23 - 1891
 (Month) (Day) (Year)

Immediate cause of death _____
 Due to Acute Endocarditis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) gib
 Major findings: Of operations Crown's Jug Venies
 Of autopsy _____

8. AGE: Years 54 Months 6 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Brewery

12. Name Wm Engelhardt

13. Birthplace Switzerland (City, town, or county) (State or foreign country)

14. Maiden name Anna (City, town, or county) (State or foreign country)

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

16. (a) Informant Amula Engelhardt

(b) Address 2568 Palm St. St. Louis Mo

17. (a) Burial (b) Date thereof 5-29-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crossroads Cem.

18. (a) Signature of funeral director W. J. Sturm

(b) Address Boonville Mo

19. (a) May 28, 46 (b) W. J. Sturm M.D.
 (Date received local registrar) (Registrar's signature)

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) _____ Means of injury 3

23. Signature Wm Engelhardt (Name of other) _____
 Address St. Louis Mo Date signed 5/28/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5.

District File Number 646382

Date Filed 6.19.46

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 Elbert Ed Long

Licensed Embalmer No. 3504

P. O. Address Bourbon 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.