S. No. 2
M—8-43
. 5-17-39
X37823

31518

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32689

State File No.

Registration District No. 32 Primary Registration District No. 4042 Registrar's No. 51

1. PLACE OF DEATH:
(a) County Ballinger
(b) City or town Fritzville 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: Cape Girardeau
(a) State Missouri (b) County ~~Bolt~~
(c) City or town Jackson Mo 16
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country 1

3. (a) PRINT FULL NAME Henry Engelman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Mo
5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 6 (Day) 1856 (Year)
8. AGE: Years 90 Months 6 Days 26 If less than one day hr. min.
9. Birthplace Old Appleton Mo (City, town, or county) (State or foreign country) 0
10. Usual occupation Retired farmer
11. Industry or business
FATHER
12. Name Not known 9
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Not known 9
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Francisca Call
(b) Address Jackson Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 4 1946 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director McCombs & Son C
(b) Address Jackson Mo
19. (a) 9-3-46 (Date received local registrar) (b) Willie H. Van Ambrey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 2
year 1946 hour minute M.
21. I hereby certify that I attended the deceased from 9/16/46, 19 to 10/2/46, 19;
that I last saw him alive on 10/2/46, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation
Due to Diabetes Mellitus
Due to
Other conditions (Include pregnancy within 3 months of death) 6
Major findings:
Of operations
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 2
23. Signature John J. Myers (M.D. or other)
Address Fritzville Mo Date signed 10/4/46

25

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1046-2740

Date Filed 10-14-46

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 B A Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.