

FILED FEB 17 1947

Registration District No. 150

Primary Registration District No. 4239

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Lee's Summit
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
55 Years 5th, & Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 Years (Specify whether years, months or days)
In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Lee's Summit
(If outside city or town limits, write "RURAL")
(d) Street No. 5th. & Jefferson
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Agnes Mengle

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Irvin Mengel 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased July 4 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 27 ..hr. min.

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

10. Usual occupation House Wife

11. Industry or business Home

MOTHER FATHER { 12. Name Jasper Tousley 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sara A. Wheeler 9
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Irvin Mengel
(b) Address Lee's Summit Mo

17. (a) Burial (b) Date thereof 2/2/1947
(Burial, cremation, or removal) (Month, Day) (Year)

(c) Place: burial or cremation Lee's Summit Mo

18. (a) Signature of funeral director N.B. Langford

(b) Address Lee's Summit Mo.

19. (a) 2-2-47 (b) Donald C. Shubert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan. day 31
year 1947 hour 8:20 minute A.M.

21. I hereby certify that I attended the deceased from Jan. 28 1947 to Jan. 31 1947
that I last saw her alive on Jan 31 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3days
Due to Hypertension 20 Yrs

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: 53A
Of operations.....

Of autopsy.....

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 2

23. Signature D. Jenkins (M. D. or other) D.O.
Address Lee's Summit, Mo Date signed 2-1-47

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.....

N. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.