

No. 2
12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11935

State File No. _____

FILED APR 27 1948

Registration District No. 77

Primary Registration District No. 5304

Registrar's No. 95

1. PLACE OF DEATH:
 (a) County Cole *Osage*
 (b) City or town RURAL---Jefferson Twnshp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.R.#4, Jefferson City, Missouri
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether
 In this community 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cole *26*
 (c) City or town RURAL *99*
(If outside city or town limits, write "RURAL")
 (d) Street No. R.R.#4, Jefferson City, Mo
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country U

3. (a) PRINT FULL NAME John G. Engelbrecht
 3. (b) If veteran, name war _____ 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 19th
 year 1948 hour 11 minute A.
 21. I hereby certify that I attended the deceased from 17 1948 to 19 1948
 that I last saw him alive on 17 April 1948
 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 Emma Engelbrecht
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased April 27 1877
(Month) (Day) (Year)

Immediate cause of death Decompenanted Heart
 Due to _____
 Due to Arteriosclerosis
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>11</u>	<u>23</u>	_____hr. _____min.

9. Birthplace Osage Bluff, Missouri *0*
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings:
 Of operations _____
 Of autopsy 95C
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name Christ Engelbrecht
 13. Birthplace Germany *4*
(City, town, or county) (State or foreign country)
 14. Maiden name Barbara Popp
 15. Birthplace Cole County, Missouri *0*
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John G. Engelbrecht
 (b) Address Jefferson City, Missouri
 17. (a) Burial (b) Date thereof Apr-21-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation River View Cemetery
 18. (a) Signature of funeral director R. G. Davis MD
 (b) Address Jefferson City, Missouri
 19. (a) 4-20-48 (b) R. G. Davis MD
(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 _____
 23. 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 0
 23. Signature J. B. Bruce (M. D. or other) MD
 Address Jefferson City Date signed 4/20/48

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

Date Filed APR 26 1948
District File Number

District Health Officer No. 8

RECEIVED

SEP 19 1952

NOV 27 1951

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 *Orville Howard Jones*

Licensed Embalmer No. 4411

P. O. Address *Jefferson City*

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: