

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31596**  
**4066**

FILED SEP 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 4

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>6 wks.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		308
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>KANSAS CITY CONValesCENT HOME</b>			d. STREET ADDRESS (If rural, give location) <b>1211 WEST 20th ST TER.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b> b. (Middle) <b>ENGE</b> c. (Last) <b>BRECHT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 11 1952</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WH</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JUNE 17, 1877</b>	9. AGE (In years last birthday) <b>75</b>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BEef BUTcher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>PACKING PLANT</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>GASHAND MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>JOHN ENGEBRECHT</b>		13b. MOTHER'S MAIDEN NAME <b>DONT KNOW</b>		14. NAME OF HUSBAND OR WIFE <b>MARY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Doyle</b>		ADDRESS <b>1211 W. 20th TER.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio-sclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>244</b> <b>242</b> <b>4500</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <b>8-1-52</b> , 19 <b>52</b> , to <b>9-11-52</b> , that I last saw the deceased alive on <b>9-11-52</b> , and that death occurred at <b>12:51 AM.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Frank Paul Laurence</b> (Degree or title)			23b. ADDRESS <b>1211 West 20th St. Kansas City, Mo.</b>		23c. DATE SIGNED <b>9-12-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>SEP 13-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CADUARY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO</b>	
DATE REC'D BY LOCAL REG. <b>9-15-52</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Butler Funeral Home</b> ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

*H. C. Name*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Russell W. Dennis

Licensed Embalmer No. 3462

P. O. Address Kansas City Kansas

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.