

Registration District No. 352

Primary Registration District No. 4209

Registrar's No. 23

NOV 19 1940

**1. PLACE OF DEATH:**

(a) County Henry  
(b) City or town Montrose  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community 48 yrs  
years, months or days)

3. (a) PRINT FULL NAME: MRS HELEN ENGELHART

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife George Engelhart 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 19 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>		<u>3</u>	hr. min.

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

10. Usual occupation house wife

11. Industry or business \_\_\_\_\_

12. Name Joseph Schaefer

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

14. Maiden name Mrs. Klamer

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

16. (a) Informant Luey Engelhart  
(b) Address Montrose Mo

17. (a) Burial (b) Date thereof Oct-24-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montrose

18. (a) Signature of funeral director W.E. Baggerly  
(b) Address Montrose, Mo

19. (a) 10-23-40 (b) W.E. Baggerly  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Henry  
(c) City or town Montrose  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 21  
year 1940 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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? \_\_\_\_\_

3/7 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W.E. Baggerly (M. D. or other) MD

Address Montrose Mo Date signed 10/23/40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1563

Date Filed 11-6-40

**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.....

*Oscar E. Hoff*

Licensed Embalmer No. 3942

P. O. Address Appleton City, Wis.

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, above space should be left blank.