

FILED MAY 17 1945
Registration District No. 257

Primary Registration District No. 4213

Registrar's No. 76

42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Montone mo
(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 _____ (Specify whether)
In this community 40 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
(c) City or town Montone Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Engeman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married (d) divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Sept 18 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Meyers

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

14. Maiden name Kapp

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

16. (a) Informant Henry Engeman

(b) Address Montone, Mo

17. (a) Burial (b) Date thereof 3-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montone Mo

18. (a) Signature of funeral director Wesley Bios

(b) Address Montone, Mo

19. (a) April 7 (b) Myrtle Browder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25
year 1945 hour 3 minute 9 A.M.

21. I hereby certify that I attended the deceased from now
to my knowledge 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cause Unknown

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?
D _____ (Specify type of place)

While at work? _____ (e) Means of injury D

23. Signature R. L. Hanson M. D. or other MO

Address Applon City, Mo Date signed 3-26-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1391

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health

CITY OF MILWAUKEE

District No.

Unit

4-43-452

Date filed

5-15-45

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 ME

On the 25th day of Mar 1945

Registered Apprentice No.

working under my personal supervision.

Signed

Frank Lee

Licensed Embalmer No.

1099

P. O. Address

Appleton City 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.