

WED JUL 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21195  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Blue Primary Registration District No. 1002 Registered No. 2463  
 (c) City Kansas City (8) Street No. K.C. T.B. Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Alvin Englehart  
 (a) Residence, No. 4518 Wyoming St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arnette Englehart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
24 0 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓  
 9. Industry or business in which work was done, as saw mill, bank, etc. ✓  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

FATHER 13. NAME John Englehart 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Della Corless 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) K.C. Mo. T.B. Hosp. Leeds, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE June 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quirk & Tobin Co. K.C. Mo. 417

20. FILED 1939 M.M. Crow Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-1 1938, to 6-17 1939  
 I last saw him alive on 6-17 1939. Death is said to have occurred on the date stated above, at 4:15 a.m.  
 The principal cause of death and related causes of importance were as follows:

Bilateral Pulmonary Tuberculosis with Correlation  
23  
 Date of onset 12-1-38

Other contributory causes of importance: Tuberculous Pneumonia 6-14-39

Name of operation Extra Pleural Pneumonectomy Date of 6-6-39  
 What test confirmed diagnosis? X-ray. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so specify: Occupational \_\_\_\_\_, M. D.  
 (Address) Kansas City, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**