

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
K.C. General Hospital, K.C. Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
In this community 32 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Engot Angeloff 524

8. (b) If veteran, name war --- 8. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Dec. 18th 1877  
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 19 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business unknown

MOTHER FATHER { 12. Name Angelo Angeloff 17. Birthplace Bulgaria  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name unknown 15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Record clerk  
(b) Address K.C. Gen. Hospital, K.C. Mo.

17. (a) Burial (b) Date thereof 3/17-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director W. H. ...  
(b) Address K.C. Mo.

19. (a) 3-13-40 (b) M. D. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 116 West 8th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 32 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th  
year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2-28-40 to 3-7-40, 19...  
that I last saw him alive on 3-7-40, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis chronic pulmonary congestion and edema

Due to 93c  
Due to

Other conditions Bronchopneumonia  
(Includes pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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?

While at work? (Specify type of place) (e) Means of injury !

23. Signature P. De Maria (M. D. or other)  
Address Supt. K.C. Gen. Hospital, K.C. Mo. Date signed \_\_\_\_\_

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

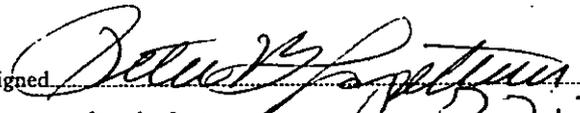
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

**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.

3754

P. O. Address

15C 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, above space should be left blank.**