

MAY 15 1940
Registration District No. 399

State File No. _____
Registrar's No. 1524

Primary Registration District No. 1002

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

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:
4149 Harrison Street 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 53 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Louis Ernest Stengel

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased May 6 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 11 1 hr. min.

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

10. Usual occupation _____

11. Industry or business Retired

12. Name Louis Stengel

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

14. Maiden name Catherine Wolff

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

16. (a) Informant Grant J. Stengel

(b) Address 1015 Summit

17. (c) Burial (b) Date thereof April 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) April 8, 1940 (b) M. M. Brown
(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. 4149 Harrison Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1940 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 4-5-40
_____ 19____ to 4-7 1940;

that I last saw ~~her~~ alive on 4-7 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Phonemic Myocarditis 920

Due to Perhaps old age

Due to _____

Other conditions History from self
(Include pregnancy within 3 months of death)

Major findings: Indigestion + Heart attacks
Of operations _____

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 E. F. Morrow (M. D. or other) _____

Address 2225 Troost Date signed 4-7-40

0435
3:00 P.M.
Lester ...

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address H.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.