

JUN 29 1940
Registration District No. 508Primary Registration District No. 3026Registrar's No. 76

1. PLACE OF DEATH:

(a) County Livingston
 (b) City or town Rural Chillicothe
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Chillicothe Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 1/2 days
 (Specify whether
 In this community 25 yrs.
 years, months or days)

3. (a) PRINT FULL NAME Mable Engle 5248. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Charles Engle 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased Nov 18 1891
 (Month) (Day) (Year)

8. AGE: Years 48 Months 7 Days 13 If less than one day hr. min.9. Birthplace St. Joseph Mo.
(City, town, or county) (State or foreign country)10. Usual occupation At Home11. Industry or business -

MOTHER FATHER
 12. Name John DesBaine 9
 13. Birthplace Unknown 7
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown 1
 15. Birthplace Unknown 1
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charley Engle
 (b) Address Chillicothe Mo.
 17. (a) Rural (b) Date thereof June 3 '40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wheeling Mo.

18. (a) Signature of funeral director Jamer Gordon
 (b) Address Chillicothe Mo.
 19. (a) 6-3-40 (b) H. M. Grace M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Chillicothe Township
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1940 hour 11 minute 40 P.M.21. I hereby certify that I attended the deceased from May 28 - 40
1940, to June 1, 1940
that I last saw her alive on June 1, 1940
and that death occurred on the date and hour stated above.Immediate cause of death acute pneumonia Duration

Due to adhesions post operative from previous operation
 Due to previous operation

Other conditions -
(Include pregnancy within 3 months of death)

Major findings: pneumonia
 Of operation Cyst & hepatic ligament
 Other operated May 28-40

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?
943
 (Specify type of place) (e) Means of injury -
 While at work

28. Signature R. J. Belzman (M. D. or other)
Address Chillicothe Mo Date signed 6/3/40

RECEIVED

District Health Officer No. 11,

District File Number 640-882

Date Filed JUN 12 1940

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 James D Gordon
Licensed Embalmer No. 1870
P. O. Address Chillicothe, 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.