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MAR 19 1941
Registration District No. 71

Primary Registration District No. 4835

State File No. _____
Registrar's No. 9

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)

(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 year !
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Moniteau

(c) City or town California Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME William Tecumseh Mengel

(b) If veteran, name war _____

(c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb., day 22
year 1941 hour 5 minute 7 M.

21. I hereby certify that I attended the deceased from Feb. 12
1941, to Feb. 22, 1941
that I last saw him alive on Feb. 22, 1941
and that death occurred on the date and hour stated above.

4. Sex Male (5. Color or race W)

6. (b) Name of husband or wife Elnia 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: Feb (Month) 3 (Day) 1868 (Year)

Immediate cause of death Bright's disease by 10.

Duration. _____

Due to _____

Due to 12/8

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

8. AGE: Years 73 Months _____ Days 19 If less than one day: hr. _____ min. _____

9. Birthplace Moniteau County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Jeweler

11. Industry or business _____

12. Name Wm H Mengel

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

14. Maiden name Mary Meyer

15. Birthplace Moniteau Col MO (City, town, or county) (State or foreign country)

16. (a) Informant Emma Mengel

(b) Address California MO

17. (a) Burial (b) Date thereof 2/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Care

18. (a) Signature of funeral director William H. Mengel

(b) Address California MO

19. (a) 2-23-41 (b) AK Rose
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature W. H. Mengel (M. D. or other) _____
Address California Date signed 2/24/41

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

MOTHER FATHER

NOV 2 1942

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..... *Hugh E. McIlhenny*

Licensed Embalmer No. *3537*

P. O. Address..... *California*

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, fact should be so stated above.