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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32858

Registration District No. 887 Primary Registration District No. 6187 Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Rural — Kingston Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 miles west of Blackwell, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community 60 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Blackwell, (Rural) (If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Ode Engledow

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mable Walton

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov. 22 — 1881 (Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 6 If less than one day ___ hr. ___ min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name George Engledow
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alzonia Higgenbotham
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant + Mabel Engledow

(b) Address Blackwell Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetary, Blackwell Mo.

18. (a) Signature of funeral director

(b) Address

19. (a) Aug. 31-1941 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28 year 1941 hour 3 minute 47 P.M.

21. I hereby certify that I attended the deceased from Aug. 8, 1941, 19__, to Aug. 28, 1941; that I last saw him alive on Aug. 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1 day.
Fracture Left hip	21 days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) yes

(b) Date of occurrence Aug. 7, 1941.

(c) Where did injury occur? near Greenville Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on public road. (Specify type of place)

While at work? (e) Means of injury auto accident

23. Signature Noel V. McKinstry (M. D. or other) M.D.

Address DeSoto, Mo. Date signed 8/29/41.

(Licensed Embalmer's Statement on Reverse Side)

AUG 18 1955

AUG 8 1955

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 Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address Desoto 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.