

No. 2
1-4-41
17-39

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26852

State File No. _____

X26390

Registration District No. 125 53 Primary Registration District No. 3009 3010

Registrar's No. 226

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

1. PLACE OF DEATH:

(a) County. Cape Girardeau

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

(c) Name of hospital or institution: Southwest Missouri Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution. 6 hrs. 20 min.
(Specify whether years, months or days)

In this community. here, 6 hrs. 20 min.

2. USUAL RESIDENCE OF DECEASED: Newborn 16

(a) State. _____ (b) County. _____

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CARL ENGELMANN

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single widowed, married, divorced. 0

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

7. Birth date of deceased. 8 - 1 - 42
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 6 hr. 20 min.

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

10. Usual occupation Baby

11. Industry or business _____

12. Name Carl Friedrich ENGELMANN

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

14. Maiden name MARIE DAVES

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

16. (a) Informant Carl F. Engelmann

(b) Address JACKSON, Mo. Rt. 3.

17. (a) Burial (b) Date thereof Aug 2 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Russell Mo 19615

18. (a) Signature of funeral director Wilson B. Tatter-Seabank

(b) Address Jackson Mo

19. (a) 8-4-42 (b) G. V. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 1942 hour 15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 1 1942 to 5 PM Aug 1 1942

that I last saw him alive on Aug 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Blue Babe Duration _____
foramen ovale

Due to _____

Due to _____

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

Major findings: _____

Of operations. _____

Of autopsy. _____

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 D. L. ... (M. D. or other) _____

Address Jackson Mo Date signed 8-1-42

RECEIVED

District Health Officer No. 4
District File Number 942-1173
Date filed 8-9-42

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.....

P. O. Address.....

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, fact should be so stated above.