

S. No. 2
M-5-42
7. 5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5147

State File No.

Registrar's No. **576**

Registration District No. **149**

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:
2414 East 70th. Street Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) **43 Years**

3. (a) PRINT FULL NAME **CORA BELLE ENGLE**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **James I. Engle**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **3 21 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 10 12 hr. min.

9. Birthplace **Shelbyville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Julius Ritter**

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

14. Maiden name **Elizabeth Culler**

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

16. (a) Informant **Mr. James I. Engle**

(b) Address **2414 East 70th. Street Terrace**

17. (a) **Burial** (b) Date thereof **2-8-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **Mrs. C.L. Forster**

(b) Address **Kansas City Missouri**

19. (a) **2-4-43** (b) **M. M. Crowe**
(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. **2414 East 70th. Street Terrace**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB.** day **3**
year **1943** hour **1** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **FEB. 3, 1943**
to **FEB. 3, 1943**
that I last saw him **alive** on **FEB. 3, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY OCCLUSION**

Duration **3 DAYS**

Due to **94a**

Due to

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

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)

While at work?..... (e) Means of injury.....

23. Signature **B. C. Lutzgard M.D.** (M. D. or other)
6944 Persimmon Ave Date signed **FEB 3 1943**

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.