

S. No. 2
M-2-43
5-17-39
1 X3

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24362

State File No. _____

FILED AUG 5 1943 42

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 753

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: 1319 Pacific
(d) Length of stay: In hospital or institution SEVERAL-YEARS
In this community SEVERAL-YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan
(c) City or town St Joseph
(d) Street No. 1319 Pacific
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME EFFIE- ENGLE

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

4. Sex Female
5. Color of hair Blk
6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Henry Engle
6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased July 4 1867

8. AGE: 75 Years 11 Months 22 Days

9. Birthplace: Peoria, Ill

10. Usual occupation: at home

11. Industry or business

MOTHER FATHER { 12. Name unk. Waldo
13. Birthplace unk 9
14. Maiden name unk
15. Birthplace unk 9

16. (a) Informant Rev John O Maerke
(b) Address St Joseph Mo

17. (a) B. (b) Date thereof June 28 1943
(c) Place: burial or cremation: Memo Park Cem

18. (a) Signature of funeral director: Wm Stanley
(b) Address: St Joseph Mo

19. (a) 6-28-43 (b) R. H. Heitzog

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1943 hour 2 minute 2 M.

21. I hereby certify that I attended the deceased from May 7 1943 to June 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of uterus. Cerv. Primory

Due to _____

Due to _____

Other conditions: Met Carcinoma Cervix record 1942

Major findings: Of operations: none

Of autopsy: none

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? _____
(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: Frank W. Deegan (M. D. or other) _____
Address: 620 Monroe St Date signed: 6/29/43

Duration

1940

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Mr Hontigow

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

John Roy Stamey

Licensed Embalmer No. *2435*

P. O. Address *St Joseph MI*

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.