

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED SEP 18 1946 STANDARD CERTIFICATE OF DEATH

State File No. **29675**
Registrar's No. **305**

Registration District No. **43** Primary Registration District No. **3007**

1. PLACE OF DEATH:
(a) County **Butler**
(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
317 S. 9th /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **25 yrs** (Specify whether years, months or days)
In this community **25 yrs**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Butler** **12**
(c) City or town **Poplar Bluff** **7**
(If outside city or town limits, write "RURAL")
(d) Street No. **317 S. 9th** **3**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Edward Engelhardt**
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Della Engelhardt** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **Aug 20 1885**
(Month) (Day) (Year)

8. AGE: Years **61** Months **0** Days **14** If less than one day hr. min.

Birthplace **Brighton Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **R.R. Signalman**

11. Industry or business **railroad**

12. Name **Ernest Engelhardt**

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

14. Maternal name **Unknown**

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

16. (a) Informant **Mrs. Bella Engelhardt**

(b) Address **Poplar Bluff, Mo.**

17. (a) **Burial** (b) Date thereof **9/6/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Poplar Bluff**

18. (a) Signature of funeral director **Greer Croy & Fitch**

(b) Address **Poplar Bluff, Mo.**

19. (a) **9-12-46** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug Sept 4**
year **1946** hour **3** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **July 1** to **Sept 4** 19**46**
that I last saw him **in Sept Aug 4** and that death occurred on the date and hour stated above.

Immediate cause of death **Cornary occlusion**
Due to **Cornary sclerosis**

Other conditions (Include pregnancy within 3 months of death)
Major findings: **94a**
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(c) 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?

While at work (Specify type of place) (c) Means of injury
23. Signature **[Signature]** (M. D. or N.P.)
Address **Poplar Bluff, Mo.** Date signed

Duration **1 da**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER
Corneille
1/4 1840

RECEIVED

District Health Office No. 2

District File Number 946-1120

Date Filed 9-16-46

OCT 24 1946

OCT 11 1946

OCT 21 1946

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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, fact should be so stated above.

KNEIBERT CLINIC
FERGUSON BUILDING
POPLAR BLUFF, MO.

October 12, 1946.

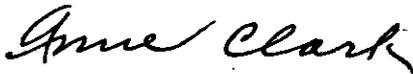
To Whom It May Concern:

This is to certify that the death certificate on Edward A. Englehardt is in error on lines 20 and 21 in which the date of death appears thereon as August 4, 1946 this should read Sept. 4, 1946. and I attended deceased from July 1, 1946 to September 4th, 1946 instead of August 4th, and I last saw him alive on September 3, 1946, instead of August 3, 1946.

SIGNED:


E. L. KNEIBERT, M.D.

SUBSCRIBED AND Sworn to before me this 12th day of October, 1946.



Notary

MY COMMISSION EXPIRES FEB. 21, 1949

29675

OCT 24 1945

OCT 21 1945

2-46

200-10

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Butler } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 305

On this 1st. day of October, 1946, before me appears.....
Mrs. Della M. Engelhardt, who, upon her oath, states that the original record of ^{birth} death
for Edward A. Engelhardt died September 4th, 1946, in the State of
Missouri, and which was filed at Poplar Bluff, Mo. on Sept. 12, 1946, should be corrected as follows:

Item No. 3 should read Edward A. Engelhardt

Instead of Edward W. Engelhardt

Item No. 16 should read Della M. Engelhardt

Instead of Della Engelhardt

✓ Item No. 20 should read September 4

Instead of August 4

✓ Item No. 21 should read to September 4

Instead of to August 3

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Della M Engelhardt wife
Relationship

Poplar Bluff, Missouri

Present Address.

Subscribed and sworn to before me this 2 day of October, 1946.

My Commission expires 2/14/48 Maryann M. Mee Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

29675

OCT 21 1945

OCT 24 1945