

S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X3667

FILED MAY 12 1947
 Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 1953

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 General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)
 In this community 18 YEARS

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. 1312 Fremont
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME DENEY YOUNG ENGLE
 3. (b) If veteran, name war No
 3. (c) Social Security No. 500-03-8182

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 29
 year 1947 hour 1 minute 10 A.M.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MRS. INEZ ENGLE
 6. (c) Age of husband or wife if alive 41 years
 7. Birth date of deceased JANUARY 28 1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 21 to April 29
 that I last saw him alive on April 29 and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 3 Days 1
 If less than one day _____ hr. _____ min.

Immediate cause of death Silico-tuberculosis, pulmonary-bilateral
 Due to _____
 Due to _____

9. Birthplace BENTON COUNTY ARKANSAS
(City, town, or county) (State or foreign country)

Other conditions 13a
(Include pregnancy within 3 months of death)

10. Usual occupation ROOFER

Major findings: 13a
 Of operations _____

11. Industry or business KANSAS-MISSOURI ROOFING CO.

Of autopsy See above

12. Name UNKNOWN ENGLE

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

14. Maiden name JOSSIE BLEVINS

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

16. (a) Informant MRS. INEZ ENGLE

(b) Address 1312 FREMONT AVENUE

17. (a) BURIAL (b) Date thereof MAY-1-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENLAWN CEMETERY

18. (a) Signature of funeral director O.H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLD.

19. (a) 5-1-47 (b) M. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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 Wm W. Hart (M. D. or other) _____
 Address Med. Dir. Gen'l Hosp. Date signed _____

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

Handwritten scribble

MAY 11 1948

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 *Melvin Miller*
Licensed Embalmer No. *4407*
P. O. Address *H. C. 2 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.