S. No. 2
I—1/47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 26 1947

Registration District No. 1049

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41657
Registrar's No. 5251

WRITE PLAINLY—USING 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: 40th & Jackson 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 4500 Brighton 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Isaac Newton ENGLES
3. (b) If veteran, name war: no
3. (c) Social Security No.: none

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Mrs. Rose Engles
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: September (Month) 10, (Day) 1897 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	3	2	hr. min.

9. Birthplace: Rich Hill, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Truck Driver
11. Industry or business: Self

MOTHER FATHER
12. Name: Wm. Engles
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Emma Clark
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Rose Engles
(b) Address: 4500 Brighton, K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 12-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1947 hour minute M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Shock
Due to: Fracture of Neck
Due to: Auto Elimination
fell from own car
Other conditions (Include pregnancy within 3 months of death): Deputy Coroner
Major findings of operations:
Of autopsy: See Above

PHYSICIAN
Underline the cause of which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence: 12/13/47
(c) Where did injury occur? Kansas City Mo (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? No (e) Means of injury: Trauma
23. Signature: A.E. Upsher (M. D.)
Address: 2800 Main Date: 12/13/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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.