N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25607
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township
(c) or City SPRINGFIELD
(d) Street No. Baptist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 318
Primary Registration District No. 2001
Registered No. 544

2. PRINT FULL NAME Marvin Enger
(a) Residence, No. Manakto, Minn. St.
(Usual place of abode, if no street address, write county or city)
Manakto, Minn
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elaine Enger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 11 1917

7. AGE: YEARS 22 MONTHS 1 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Electrical
9. Industry or business in which work was done, as saw mill, bank, etc.: Construction
10. Date deceased last worked at this occupation (month and year): Worker
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mankato Minn.

FATHER
13. NAME: John Enger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mankato Minn.

MOTHER
15. MAIDEN NAME (Unk) Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Elaine Enger Mankato, Minn.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mankato, Minn DATE July 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Herman Lohmeyer Springfield Mo.

20. FILED July 6 1939 Chas A George MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 5th 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him dead alive on July 6, 1939 Death is said to have occurred on the date stated above, at 945 pm.
The principal cause of death and related causes of importance were as follows:

Burns 2nd deg of face & left arm 3rd deg of both feet & both hands Result Contact high tension line

Date of onset

Other contributory causes of importance:
33000 Volts passed through body

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury July 5, 1939
Where did injury occur? North of Billings Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
North of Billings Mo Industry
Manner of injury Contacted high voltage wire
Nature of injury Burns 1st, 2nd & 3rd Degree

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. P. Ferguson Coroner, M. D.
(Address) 604 E Elm

(Licensed Embalmer's Statement on Reverse Side)

NOV 6 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 Paul L. [illegible]

Licensed Embalmer No. 2457

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.