NOV 20 1939

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

35598
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan 3 Registration District No. 35
(b) Township 2 Primary Registration District No. 1001 Registered No. 1119
or
(c) City St. Joseph (d) Street No. State Hosp #2 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. 5 ds. (f) How long in U. S., if of foreign birth? 70 yrs. mos. ds. since childhood

2. PRINT FULL NAME George Ennis
(a) Residence, No. State Hospital #2 St. Leavenworth Kansas
(Usual place of abode, if no street address, write county or city) (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) wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lottie (Lyon) Ennis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1864
7. AGE YEARS 75 MONTHS 3 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

FATHER
13. NAME Thomas Ennis 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Annie Menown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) H. R. Ennis - 402 E. 43rd K. C. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Leavenworth, Ks. DATE Oct 29, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. C. Davis Und. Co. Leavenworth, Kansas
20. FILED 10/30, 1939 H J Mestlebach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1939, to Oct. 29, 1939
I last saw him alive on ....., 1939. Death is said to have occurred on the date stated above, at 4:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
107	
Other contributory causes of importance: Acute pharyngitis with broncho pneumonia	1 wk.

Name of operation none 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? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) T. O'Dell, M. D.
(Address) St Joseph

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X16605

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~~ Arthur F. McClure, Registered Apprentice No. ____ working under my personal supervision.

Signed Arthur F. McClure

Licensed Embalmer No. 3938

P. O. Address Leavenworth, Kan

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

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