

DEC 13 1939

STANDARD CERTIFICATE OF DEATH

State File No. 39338

Registration District No. 198

Primary Registration District No. 2011

Registrar's No. 163

1. PLACE OF DEATH:

(a) County Clay
 (b) City or town Ex. Clairo Springs
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
434 Concourse ave - 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 77 yrs.

3. (a) PRINT FULL NAME ELMER E. ENLOW3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elvora Enlow 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 28, 1862
 (Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 10 If less than one day _____ hr. _____ min.9. Birthplace Ray County, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Retired Undertaker & Farmer11. Industry or business Retired Farmer12. Name sinhour Enlow13. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Wymen
15. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Elmer Enlow(b) Address 434 Concourse Ave -17. (a) Crown Hill (b) Date thereof Dec 10, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Crown Hill18. (a) Signature of funeral director Berbert Hope(b) Address Ex. Clairo Springs Mo.19. (a) Dec 13, 1939 (b) Mrs. R. M. McCracken
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
 (c) City or town Ex. Clairo Springs
 (If outside city or town limits, write "RURAL")
 (d) Street No. 434 Concourse Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1939 hour 4:30 minute 10 P. M.21. I hereby certify that I attended the deceased from May 11, 1939
to Dec 8, 1939
that I last saw him alive on Dec 8, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral hemorrhage Duration 4 daysDue to arteriosclerosisDue to hypertensionOther conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature S. M. Coe (M. D. or other) _____Address Ex. Clairo Springs Mo Date signed 12/9/39

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 12/1/41

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.....

Herbert Hoyle....., Registered Apprentice No.....
working under my personal supervision.

Signed Herbert Hoyle.....

Licensed Embalmer No. 3199

P. O. Address Excelsior Springs

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, above space should be left blank.