No. 2
1-13-40
1-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34799

Registration District No. 85 NOV 1 - 1940 Primary Registration District No. 1001 Registrar's No. 1058

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 53 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph, (If outside city or town limits, write "RURAL")
(d) Street No.: 917 Seneca Street, (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: John Jos. Ennis
3. (b) If veteran, name war: None
3. (c) Social Security No. 500-02-4567
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: October (Month) 25 (Day) 1884 (Year)

8. AGE: Years 55 Months 11 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Boiler maker
11. Industry or business: W.P.A.

FATHER
12. Name: Thomas Ennis
13. Birthplace: Unknown (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name: Mary Nolan
15. Birthplace: Bloomington (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Mrs. C. J. Carolus
(b) Address: 1514 S. 20th St. St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 7, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: H. O. Sidenfaden & Son
(b) Address: 1802 Union St. St. Joseph, Mo.
19. (a) 10-7-1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 5th year: 1940 hour: 11 minute: 30A M.
21. I hereby certify that I attended the deceased from Sept 15 1940, to Oct 5 1940, that I last saw him alive on Oct 5 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 8 hrs
Due to: [illegible] — Duration: Sept 8-40
Due to: [illegible] — Duration:
Other conditions: Arteriosclerosis Gen — Duration: —
(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)
(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: [illegible] (M. D. or other)
Address: Lemp Palmer Bldg. ST. JOSEPH Date signed: 10/5/40

(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 Elbert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

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

If this body is not embalmed, fact should be so stated above.