DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3448

Registration District No. 5-61 JAN 21 1941 Primary Registration District No. 5-75-5 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Eldon (Rural) Sutton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66

(c) City or town Eldon (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nancy Catherine Enloe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Samuel W. Enloe

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. (Month) 12 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
70	11	24	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ben Scrivner
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name ~~Vida Haynes~~ Nancy Holden
15. Birthplace Moniteau Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Vida Haynes
(b) Address Tuscumbia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Spring Garden Cemetery 405

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri

19. (a) 1-8-1941 (Date received local registrar) (b) Belle Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1941 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from Jan 2, 1941, to Jan 6, 1941
that I last saw her alive on Jan 5 12 40 A (AM), 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis — Duration 4 days

Due to

Due to 10 a

Other 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)
(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 G. D. Wallace (M. D. or other)
Address Eldon Mo Date signed 1/13/41

(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.

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

Louis D. Phillips, Registered Apprentice No.

working under my personal supervision.

Signed Louis D Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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

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