

Registration District No. **85** Primary Registration District No. **1001**

**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:  
919 Seneca Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
In this community 66 years. years, months or days)

**3. (a) PRINT FULL NAME** Thomas J. Ennis  
**3. (b) If veteran,** name war None **3. (c) Social Security No.** None

**4. Sex** Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Single  
**6. (b) Name of husband or wife** Single **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** About 1875  
(Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
	<u>66</u>	<u>?</u>	<u>?</u>	_____ hr. _____ min.

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

**10. Usual occupation** Retired Boilermaker

**11. Industry or business** Augustine Boiler Works

**MOTHER FATHER**  
**12. Name** Thomas Ennis  
**13. Birthplace** Unknown New York  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Mary Nolan  
**15. Birthplace** Bloomington Illinois  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Clarence Carolus  
**(b) Address** 1514 S. 20th St. St. Joseph, Mo.

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** Feb. 13, 1941  
(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 Str. St. Joseph, Mo.

**19. (a)** 2-12-1941 **(b)** H. J. Nestle  
(Date received local registrar) (Registrar's signature)

**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. 919 Seneca Street 7  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 0 years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Feb. day 11th  
year 1941 hour 2 minute 00 A. M.  
**21. I hereby certify that I attended the deceased** viewed Feb 11  
~~examined~~ 1941, to \_\_\_\_\_, 19\_\_\_\_;  
that I last ~~examined~~ viewed \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Edema of both lungs (general)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_ III B

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: \_\_\_\_\_  
Of autopsy: no

**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?  
85 \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
**23. Signature** H. F. Mundy (M. D.) Coroner  
Address 404 10 3rd ST. JOSEPH Date signed 2/12/41

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

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

*R J West*

Licensed Embalmer No. *3876*

P. O. Address *St Joseph Mo*

**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.**