No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7242

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

49
2
5

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days; (Specify whether
In this community 5 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin Mo. 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. R.F.D. No 1.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 45 Years. 0 years.

3. (a) PRINT FULL NAME Chas Enhofer.
3. (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 Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 24, 1870 (Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Austria- Hungary; 4 (City, town, or county) (State or foreign country)
10. Usual occupation Gardner
11. Industry or business
FATHER
12. Name Chas. Enhofer
13. Birthplace Vienna 8 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Hofer
15. Birthplace Vienna 8 (City, town, or county) (State or foreign country)
16. (a) Informant J.B. Velie
(b) Address RFD. Joplin Mo
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Feb. 23, 41 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ St. Louis Mo;
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;
19. (a) 2-21-41 (Date received local registrar) (b) Ed D. James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 21 day 1941.
year hour 9-00 A.M. minute M.
21. I hereby certify that I attended the deceased from Feb 12, 1941, to Feb 21, 1941
that I last saw him alive on Feb 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 9 days
Due to Nephritis. Chr.
Due to
Other conditions
(Include pregnancy within 3 months of death)
131 b
Major findings:
Of operations
Of autopsy

Duration

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? 3 77 (e) Means of injury
23. Signature Mitchell Lupe (M. D. ~~or other~~) D
Address Joplin, Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

41-3-261

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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, fact should be so stated above.