

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson,**
(b) City or town **Kansas City,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7246 Penn Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **X**
In this community **44 years,** / (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Clarence E. Ennis,**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married,**
6. (b) Name of husband or wife **Gertrude Ennis,** 6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **November 29 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 10 26 hr. min.

9. Birthplace **Kentucky,** 1
(City, town, or county) (State or foreign country)

10. Usual occupation **Building Contractor,**

11. Industry or business **X**

MOTHER FATHER
12. Name **James Ennis,**
13. Birthplace **Kentucky,** 1
(City, town, or county) (State or foreign country)
14. Maiden name **Hester Johnson,**
15. Birthplace **Unknown,** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Gertrude Ennis,**
(b) Address **7246 Penn St., Kansas City, Mo.**

17. (a) **Burial,** (b) Date thereof **10-27-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, K. C. Mo.**

19. (a) **10/27/41** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **Jackson,** 042
(c) City or town **Kansas City,**
(If outside city or town limits, write "RURAL")
(d) Street No. **7246 Penn,**
(If rural, give location)
(e) Citizen of foreign country? **X** (Yes or No)
If yes, name country **X** 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October,** day **24th,**
year **1941** hour **1:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **Oct 21**
1941 to **Oct 24** 19**41**;
that I last saw h. i. m. alive on **Oct 24** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death
Heart failure
Coronary thrombosis

Due to **94a**

Other conditions
(Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (2) Means of injury

23. Signature **M. B. Anderson** (M. D. or other) 15
Address **1316 Prof Bldg** Date signed **Oct 25**

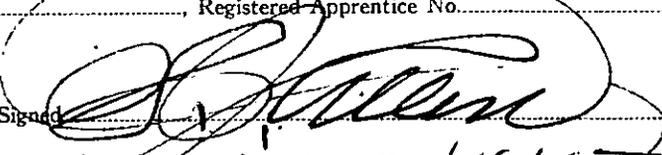
2002

Dr. Soderberg

2 to 4
Duff Book

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 
Licensed Embalmer No. 1415
P. O. Address K. P. 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.