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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1942

Registration District No. 904 / 0-37

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6215

State File No. 8181

Registrar's No.

1. PLACE OF DEATH:
(a) County: North
(b) City or town: Rural - Union Twp
(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) 22 years (years, months or days)

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

3. (a) PRINT FULL NAME: ENOCH PARVEN WILTSEY
3. (b) If veteran, name war: ✓
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Sadie Wiltsey
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: Feb (Month) 4 (Day) 1875 (Year)

8. AGE: Years 77 | Months 0 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace: Galesburg, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Adolphus Wiltsey
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Sadie Wiltsey
(b) Address: Sheridan, Mo.
17. (a) Rural (Burial, cremation, or removal) (b) Date thereof: 2-25-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Parnell Cem.
18. (a) Signature of funeral director: Jack C. Dunlee
(b) Address: Grant City, Mo.
19. (a) Feb 28 - 1942 (Date received local registrar) (b) Arlene Scadden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22 year 1942 hour 7 minute P.M.
21. I hereby certify that I attended the deceased from July 2 - 41, 194_, to Feb 21 - 1942, that I last saw him alive on Feb 22 - 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Condition	/
A Rectal Neoplasm	
Due to	
Due to	
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: B. G. Garten (M. D. or other) DO
Address: Sheridan Date signed 2-26-42

1107 (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 Arch C. Dunlee

Licensed Embalmer No. 3252

P. O. Address Grant City, M

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, above space should be left blank.

No. 2B
—8-21-41
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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. 8181

Registration District No. 904 Primary Registration District No. 6215 Registrar's No.

1. PLACE OF DEATH:
(a) County: Worth
(b) City or town: Rural
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Enoch P. Wiltsey
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Feb (Month) 4 (Day) 1865 (Year)

8. AGE: Years 77 Months — Days — If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute Nephritis
Due to
Due to Chronic nephritis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 1/31/6
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)
(b) 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 B. J. Gordon (M. D. or other) DC
Address Sheridan Mo. Date signed 4/1/42

SUPPLEMENTARY