

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Fremman, Mo.
(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 4 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass

(c) City or town Fremman, Mo.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME LUELLA ENLOE

3. (b) If veteran, name war none

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 31 year 1942 hour 11 minute 55 P. M.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Williams Henry Eugene

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: Feb. 8 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 31 1939 to May 31 1942 that I last saw her alive on May 31 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

8. AGE: Years 71 Months 3 Days 23 If less than one day _____ hr. _____ min.

Due to Hypertensive Heart Disease

Due to _____

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

10. Usual occupation House Keeper

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a

11. Industry or business _____

12. Name John P. Hodges

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

14. Maiden name Unk. Missouri

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

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

Of autopsy _____

16. (a) Informant Edith J. Enloe

(b) Address 2215 Oakley R.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Fremman Mo.

18. (a) Signature of funeral director Geo. G. Myers

(b) Address Cleveland Mo.

19. (a) June 4 1942 (Date received local registrar) (b) Margaret Tolle (Registrar's signature)

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) (e) Means of injury _____

23. Signature Edith J. Enloe (M. D. or other) _____

Address Unk. Missouri Date signed 6/3/42

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

9
6
0

JUL 28 1942

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.....

Geo. E. Meyers

Licensed Embalmer No. *2517*

P. O. Address *Cleveland 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.