

FILED AUG 1 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

24441  
Do not use this space.

1. PLACE OF DEATH

(a) County HOWELL Registration District No. 385-0  
(b) Township WILLOW SPRINGS Primary Registration District No. 5536  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. 20  
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 70 yrs. 11 mos. 8 da.

2. PRINT FULL NAME

CHARLES EFORD ENYART  
(a) Residence, No. RURAL ROUTE 23 TOWNSHIP 29 St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 28, 1872  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 70 11 8  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FORMER  
9. Industry or business in which work was done, as saw mill, bank, etc. FARM  
10. Date deceased last worked at this occupation (month and year) MARCH 10, 1942 11. Total time (years) spent in this occupation 25  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CAROL CO., ILLINOIS  
13. NAME CHARLES EDGAR ENYART  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HICKING CO., OHIO  
15. MAIDEN NAME MARY ELIZABETH WORLEY  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONTGOMERY CO., ILLINOIS  
17. INFORMANT (ADDRESS) WILLIAM C. BOOMER  
STEPSON (LIVING AT HOME)  
18. BURIAL, CREMATION, OR REMOVAL PLACE Judson Cem DATE 3.20.1942  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) \_\_\_\_\_  
20. FILED 3/18, 1942 Maquette Ferguson  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 18, 1942  
22. I HEREBY CERTIFY, That I attended deceased from MARCH 17, 1942 to MARCH 18, 1942  
I last saw him alive on MARCH 15, 1942 Death is said to have occurred on the date stated above, at 7:24am.  
The principal cause of death, and related causes of importance were as follows:  
BRONCHIAL PNEUMONIA  
Other contributory causes of importance:  
CANCER of STOMACH  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide: NONE Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? NONE  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify (Signed) OP Paul  
(Address) Willow Springs, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 5,

District File Number 742433.

Date Filed 7-27-42

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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.....

P. O. Address.....

**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.**