

S. No. 2
I-1-4-41
7-5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26595

Registration District No. 11 Primary Registration District No. 5041 Registrar's No. 78

50005
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Barry
(b) City or town R. 7th Cassville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mineral Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 years (Specify whether
in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town R. 7th, Cassville
(If outside city or town limits, write "RURAL")
(d) Street No. Mineral Spgs, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Farmer Ennes
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 27
year 1941 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan
1st 1941, to Oct 27 1941;
that I last saw him alive on Oct 27th 1941;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vesta Ennes 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased March 6 1890
(Month) (Day) (Year)

Immediate cause of death Cardiac Decompen-
action Duration 1 wk.
Due to Rheumatic heart disease not known
Due to _____

8. AGE: Years 51 Months 7 Days 21 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) Coronary Sclerosis
Major findings: Of operations _____ Of autopsy 958
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

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

10. Usual occupation School teacher

11. Industry or business Rural school

12. Name William Ennes

13. Birthplace Madison Co. Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Magney Davis

15. Birthplace Madison Co. Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Blaine Ennes

(b) Address Cassville Mo

17. (a) Burial (b) Date thereof. 90-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ennes Cem

18. (a) Signature of funeral director Norm J. Horn

(b) Address Cassville Mo

19. (a) June 14 1942 (b) Grace Withers
(Date received local registrar) (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 Beau Newman (M. D. _____)
Address Cassville, Mo Date signed 8-15-42

1079 Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District No. _____

District File No. _____

Date Filed _____

Officer No. 6,
442-1339
SEP 9 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 Eugene Wood
Licensed Embalmer No. 3804
P. O. Address Cassville, 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.