

REG SEP 5 1942

Registration District No. 87

Primary Registration District No. 5142

Registrar's No. 267

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Rural - Nelyville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 1/2 mi W of Nelyville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 1/2 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler
(c) City or town Rural - Nelyville
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 mi W of Nelyville
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN ENNIS

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

4. Sex male 5. Color or Race W. 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Feb 5 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Randolph Co. Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Geo. W. Ennis
13. Birthplace Spain
(City, town, or county) (State or foreign country)
14. Maiden name Martha Ann Jackson
15. Birthplace Randolph Co. Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Harrell Lawson
(b) Address Nelyville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23-42
(Month) (Day) (Year)
(c) Place: burial or cremation Richwood Cem.

18. (a) Signature of funeral director Missie Bush
(b) Address Nelyville, Mo.

19. (a) 8-24-42 (Date received local registrar) (b) Belle Hume (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 1942 hour 7 minute 00 P.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 Cardiac decompensation Duration _____

Due to Rheumatic heart disease

Due to _____

Other conditions Pneumonia, Hypertensive
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 95 lb 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) (e) Means of injury _____

23. Signature Fred Higgs (M. D. or other) _____
Address Poplar Bluff, Mo Date signed 8/24/42

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

200

92

8-21-42
8-26-83
4 5 59

RECEIVED

District Health Office No. 2,

District File Number 942-1127

Date Filed 9-3-42

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..... *A. C. McCord*

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, fact should be so stated above.