

FILED SEP 21 1942

Registration District No. 80

Primary Registration District No. 5307

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

1. PLACE OF DEATH:

(a) County Cole County Morgan
(b) City or town Russellville Rural
(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 _____
years, months or days

8. (a) PRINT FULL NAME Rosetta Ellen Enloe

8. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Abe C. Enloe 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 1 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Enoch E. Campbell 9

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

MOTHER { 14. Maiden name Frances Hodges 9

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

16. (a) Informant Denver Enloe

(b) Address Enon, Mo

17. (a) Burial (b) Date thereof 8-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mathias Cemetery

18. (a) Signature of funeral director Walter H. Schubert

(b) Address Russellville Mo

19. (a) Aug 29 42 (b) Max E. M. Pleasance
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole 26
(c) City or town Russellville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 27
year 1942 hour one minute P. M.

21. I hereby certify that I attended the deceased from Aug 27 1942 to Aug 27 1942
that I last saw him write on suddenly and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to _____
Due to _____

Other conditions. (Include pregnancy within 3 months of death) 830

Major findings: Of operations _____
Of autopsy _____

Duration _____
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)
(a) Means of injury _____

23. Signature Walter H. Schubert (M. D. or other)
Address Russellville Mo Date signed 8-28-42

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 Hugo W. Schuber
Licensed Embalmer No. 2820
P. O. Address Russellville

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.