

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36982**

FILED NOV 23 1942

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Steelville
(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 Chris Julius Enke

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie Arnold Enke 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased December 25, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>8</u>	<u>30</u>	hr. - - min.

9. Birthplace Crawford County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation real estate dealer.

11. Industry or business real estate dealer.

12. Name Julius Enke
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Cathrine Humlean
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Enke
(b) Address Cuba, Missouri.
17. (a) burial. (b) Date thereof 9-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kinder Cemetery, Cuba,

18. (a) Signature of funeral director [Signature]
(b) Address Steelville, Mo.
19. (a) 10/5/42 (b) A. W. Schrieder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th
year 1942 hour 6 minute 30 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 Injury to chest and fracture in forehead,
Due to automobile accident;
Coroner's Jury verdict: "Unavoidable accident."
Due to

Other conditions (Include pregnancy within 3 months of death)

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) accident.
(b) Date of occurrence Sept. 24, 1942.
(c) Where did injury occur? rural, Crawford, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no, on public road.
While at work? no. (Specify type of place)
(e) Means of injury auto. acc.
23. Signature [Signature] (M. D. or other)
Address Steelville, Mo. Date signed 9/30/42

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

MOTHER FATHER

1301

RECEIVED

District Health Officer, No. 35

District File No.

11421013

Date Filed

11-23-42

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

R. J. Jones

....., Registered Apprentice No.

..... working under my personal supervision.

Signed

R. J. Jones

Licensed Embalmer No.

2379

P. O. Address

Shelville, Md.

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.

FILED FEB 13 1942
Registration District No.

Primary Registration District No. 4151

Registrar's No.

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Steubenville (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None address - Steubenville Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Meratus 7/6
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
City or town
(If outside city or town limits, write "RURAL")
Street No.
(If rural, give location)
(c) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Chris Julius Erbe
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 2 Year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19.....
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.
(Immediate cause of death) Duration

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased dec 25
(Month) (Day) (Year)

8. AGE: Years 56 Months Days If less than one day min.

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

10. Usual occupation

11. Industry or business

12. Name
13. Birthplace
(City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (b)
(Date received local registrar) (Registrar's signature)

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
.....
(Specify type of place)
While at work? (c) Means of injury
23. Signature (M. D. or other)
Address Date signed

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

MOTHER FATHER

SUPPLEMENTARY

S-36982