

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C.
(c) Name of hospital or institution: Trinity Lutheran Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days) since 1906

8. (a) PRINT FULL NAME FRANCISCO (FRANK) ENNA

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, 2 divorced, widowed

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

7. Birth date of deceased Oct 12 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Steve Enna 18. Birthplace Italy 5
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Enna

(b) Address 4114 Holly

17. (a) Burial (b) Date thereof 4/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys Cem

18. (a) Signature of funeral director Sebbeto's McConnell
(b) Address 901 E 5th

19. (a) 4-9-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48
(c) City or town K.C. 3
(If outside city or town limit, write "RURAL") 8
(d) Street No. 1131 E Mo Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A? 49 years 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1943 hour 0 minute A M.

21. I hereby certify that I attended the deceased from Apr 8
4th, 1943, to April 9, 1943,
that I last saw him alive on Apr 8, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
left lung with pleural
effusions Several months
Duration
Due to 4/7/43

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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) _____
(a) While at work? _____ (b) Means of injury _____

23. Signature Joseph Eubelen (M. D. or other) M.D.
Address 1836 Prof Bldg Date signed 4/14/43

Welker
1/16087

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 *Ray E Snow*

Licensed Embalmer No. *2560*

P. O. Address *1807 E 29*

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.