

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 15 1948

Registration District No. 281

Primary Registration District No. 5-968

Registrar's No.

1. PLACE OF DEATH

(a) County Polk
(b) City or town Buffalo - rural - S. Benton Twp
(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. (Specify whether)
In this community none. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Buffalo - rural - S. Benton
(If outside city or town limits, write "RURAL")
(d) Street No. South - east of Halfway rd
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Sarah J Enyart

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

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George Enyart 6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased Feb 7 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 1 26 hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER
{ 12. Name David Everly
{ 13. Birthplace (Unknown) 9
{ 14. Maiden name E. Elizabeth Steens
{ 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant George Enyart

(b) Address Buffalo - Route 1

17. (a) Burial (b) Date thereof Apr 5 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Bethel cemetery

18. (a) Signature of funeral director Hutchison & Co.

(b) Address Bellevue, Missouri

19. (a) Apr 12 (b) H. E. Waffle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1943 hour 5 minute 4 M.

21. I hereby certify that I attended the deceased from Jan 1, 1943 to April 3, 1943
that I last saw her alive on April 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Influenza 33a

Due to Bronchial asthma

Other conditions 60 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 H. E. Waffle (M. D. or other) M.D.

Address Buffalo MO Date signed 4-19-43

Duration
1 Week
1 Week
60 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

84
90

1236

RECEIVED

District Health Officer No. 7,

District File Number 4-43-456

Date Filed 5-14-43

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 Phy J ester
Licensed Embalmer No. 4154
P. O. Address Bolivar 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.