

FILED JUN 7 1943  
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 161

1. PLACE OF DEATH:

(a) County **Pettis**  
(b) City or town **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**400 S Quincy**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **40 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pettis**  
(c) City or town **Sedalia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **400 S Quincy**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME

**Elizabeth Knowles McEniry**

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 **widowed**

6. (b) Name of husband or wife **Charles McEniry**

6. (c) Age of husband or wife if alive years

7. Birth date of deceased **Feb. 28 1859**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**84 2 15** hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

12. Name **Patrick Knowles**  
13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Margaret DeLaney**  
15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles McEniry**  
(b) Address **Sedalia Mo.**

17. (a) **burial** (b) Date thereof **May 15 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **McLaughlin Bros.**

(b) Address **Sedalia Mo.**

19. (a) **5/15/43** (b) **Dr. Anna Berger**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13th**, year **1943** hour **4:00** minute **PM**

21. I hereby certify that I attended the deceased from **May 13 1943** to **May 13 1943** that I last saw her alive on **May 13 1943** and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Arteriosclerosis**  
Due to **General debility**  
Due to **Advanced age**

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?

While at work? (Specify type of place) (c) Means of injury  
23. Signature **[Signature]** (M. D. or other)  
Address **Sedalia Mo.** Date signed **5-15-43**

1022 (Licensed Embalmer's Statement on Reverse Side)

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

MOVIER FATHER

064

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 6-3-43

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.**