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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 13 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24669

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Springs
(If outside city or town limits, write "RURAL" and name of township)
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20 1 0
(c) City or town El Dorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 200 N Jackson
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MAIDA LEE ENLOE

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

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife H. V. Enloe
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased March (Month) 6 (Day) 1888 (Year)

8. AGE: Years 55 Months 4 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace ——— (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name George W Freize
13. Birthplace ——— (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Anna L Ingram
15. Birthplace ——— (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant H. V. Enloe
(b) Address 200 N Jackson El Dorado Spgs. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/43 (Month) (Day) (Year)
(c) Place: burial or cremation Waggoner Mo
18. (a) Signature of funeral director Gwinn-Sidera
(b) Address El Dorado Springs Mo
19. (a) 7/22/43 (Date received local registrar) (b) L. T. Dunaway 7/22/43 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1943 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 28, 1943 to July 18, 1943 that I last saw her alive on July 18 - 6-14 pm, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Sinus operation 4 Days before onset
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?
(Specify type of place)
While at work? ——— (e) Means of injury
23. Signature L. T. Dunaway (M. D. or other)
Address El Dorado Spg Mo Date signed 7/27/43

1046

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-43-840
Date Filed 8-11-43

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 [signature]

Licensed Embalmer No. 2034

P. O. Address [signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.