

No. 2
4-2-43
5-17-39
1 x3568

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31147

State File No. _____

Registrar's No. 224

Registration District No. 38

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community 5 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL") 7
(d) Street No. 1215 E Walnut
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country X 0

3. (a) PRINT FULL NAME

Cornelius J. ENNS

(b) If veteran, name war no

(c) Social Security No. no

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Anna Coassen ENNS
(c) Age of husband or wife if alive years
7. Birth date of deceased July 18 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 9 hr. min.

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

10. Usual occupation Carpenter + Mechast

11. Industry or business M.O.P. Shops

MOTHER FATHER { 12. Name Abraham ENNS
13. Birthplace DK D.K. 9
(City, town, or county) (State or foreign country)
14. Maiden name Helena PENNER
15. Birthplace DK D.K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Enns
(b) Address 1215 E Walnut St

17. (a) Burial (b) Date thereof 9-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director P. O. Wessett

(b) Address Columbia

19. (a) 9-28-43 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27th
year 1943 hour 5:10 minute 15 M.

21. I hereby certify that I attended the deceased from 9-5-43
to 9-27-43
that I last saw him alive on 9-27-43
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach from benign Duration Several mo. or yr

Due to _____
Due to _____

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: Cancer PHYSICIAN _____
Of operations: no
Of autopsy: no
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 no
(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? no (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Columbia Date signed 9-28-43

1250

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

DEC 7 1949

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.....

A. Powell

Licensed Embalmer No. *3183*

P. O. Address *Columbia*

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.