No. 2
—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16996

Registrar's No. 2140

48
3
2

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(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 years, months or days)

In this community: 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 32 East 56th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: George H. Eno, Jr.

3. (b) If veteran, name war: No

3. (c) Social Security No. 342-07-3901

4. Sex: Male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Ruth B. Eno

6. (c) Age of husband or wife if alive: 33 years

7. Birth date of deceased: November (Month) 14th (Day) 1906 (Year)

8. AGE: Years 37 | Months 6 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace: Burlington, Iowa / (City, town, or county) (State or foreign country)

10. Usual occupation: Department Head

11. Industry or business: Hall Brothers

FATHER
12. Name: George H. Eno, Sr.
13. Birthplace: / New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Nellie Sweeney
15. Birthplace: / Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ruth B. Eno

(b) Address: 32 East 56th Terrace

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5-19-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Burlington, Iowa

18. (a) Signature of funeral director: Freeman Mortuary

(b) Address: Kansas City, Mo.

19. (a) May 18, 1944 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1944 hour 6 minute 15a M.

21. I hereby certify that I attended the deceased from May 1944 to May 18 1944 that I last saw him alive on May 14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized Carcinomatosis	6 mo.
Due to: Ca of Colon	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: Ca of colon
Of autopsy: none

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: G. Parsons (M. D. or other)

Address: Plaza Medical Bldg. Date signed: 5-18-44

(Licensed Embalmer's Statement on Reverse Side)

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.