

V. S. No. 2  
100M-243  
Rev. 5-17-39  
I X35897

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUL 21 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24638

State File No. \_\_\_\_\_

Registration District No. 178

Primary Registration District No. 4188

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Lasconade  
(b) City or town Owensville  
(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) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lasconade  
(c) City or town Owensville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Neil LeRoy Enke

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 26 1943  
(Month) (Day) (Year)

8. AGE: --Years Months Days If less than one day  
1 0 1 hr. min.

9. Birthplace Owensville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name George Edward Enke  
13. Birthplace Owensville Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Ma J. Borlach  
15. Birthplace Owensville Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant George Edward Enke  
(b) Address Owensville, Mo.

17. (a) Burial (b) Date thereof June 30 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bern Evangelical Com.

18. (a) Signature of funeral director W. H. Winter  
(b) Address Owensville, Mo.

19. (a) June 28 1944 (b) Myrtle M. Wehler  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
year 1944 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from June 18 1944 to June 28 1944  
that I last saw him alive on June 26 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Whooping Cough - complicated by Pneumonia

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 9

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?

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (2) Means of injury \_\_\_\_\_  
23. Signature Charles A. ... (M. D. or other)  
Address Owensville, Mo. Date signed 6-27-44

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

27  
202

37  
2  
0

1287

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 7-20-44

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 Me

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Melford V. Vento

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.