

S. No. 2  
OM-8-43  
ev. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 9 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17594**

Registration District No. **226**

Primary Registration District No. **4338**

Registrar's No. **18**

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

1. PLACE OF DEATH:

(a) County **Monroe**

(b) City or town **Monroe City**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**315 Park Place**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **40 Yrs**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monroe** **69**

(c) City or town **Monroe City**  
(If outside city or town limits, write "RURAL") **6**

(d) Street No. **315 Park Place**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **6**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John Cornelius Enser**

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

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **12**  
year **1945** hour **9** minute **20 P.M.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Sallie M** 6. (c) Age of husband or wife if alive **82** years

7. Birth date of deceased **October 21 1862**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 24 1945** to **May 12 1945**  
that I last saw him alive on **May 12 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Prenicious anemia** **10 yrs.**  
Duration

8. AGE: Years **82** Months **6** Days **21** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace **Washington County Kentucky**  
(City, town, or county) (State or foreign country)

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

10. Usual occupation **Retired Mail Carrier (1943)**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **James B. Enser**

13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Cynthia Simms**

15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Margout Lange**

(b) Address **Monroe City, Mo**

17. (a) **Burial** (b) Date thereof **May 14/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Jukes Monroe City**

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? \_\_\_\_\_

18. (a) Signature of funeral director **Wilson & Sons**

(b) Address **Monroe City, Mo**

19. (a) **May 15 45** (b) **Otto Hedberg**  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place or means of injury)

23. Signature **[Signature]** (M. D. \_\_\_\_\_)  
Address **Monroe City Mo** Date signed **5/15/45**

SEP 18 1945

RECEIVED

District Health Officer No. 10

District File Number 6-45-885

Date Filed JUN 7 1945

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 By me

working under my personal supervision.

Registered Apprentice No.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Moore 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.