

No. 2  
-2-43  
-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6094**

**FILED MAR 6 1946**

Registration District No. 75-6

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1826 Empire  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 5 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL") 5  
(d) Street No. 1826 Empire  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rev. Samuel Albert Ennefer

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, widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 24 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 1 2 hr. \_\_\_\_\_ min.

9. Birthplace Gambier Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Christian Minister

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

12. Name William Ennefer  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Carver  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. P.M. Styner  
(b) Address 1826 Empire Joplin Mo.

17. (a) removal (b) Date thereof 2-28-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plesenton Kans.

18. (a) Signature of funeral director Parker-Hunsaker  
(b) Address 1502 Joplin St. Joplin Mo.

19. (a) 2-26-46 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26  
year 1946 hour 8 minute 45A. M.

21. I hereby certify that I attended the deceased from 12-14  
1944 to 2-26 1946  
that I last saw him alive on 2-25 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cooking failure  
Due to Hypertension long standing - arterio-sclerosis  
Due to senility  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 97

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature: Ed J. J... (M. D. or other) \_\_\_\_\_  
Address Joplin Mo Date signed 2/26/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

46-2-108

**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... *F. M. Jones* .....

Licensed Embalmer No... *2319* .....

P. O. Address... *Joplin 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.