

FILED APR 4 1946
Registration District No. 80

Primary Registration District No. 5307

State File No. _____
Registrar's No. 0

1. PLACE OF DEATH:
(a) County **Cole**
(b) City or town **Russellville Rural**
(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)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Cole**
(c) City or town **Russellville - Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Linley Don Enloe**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **25th**
year **1946** hour **1.15** minute _____ P. M.

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 **August 10 1946**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
7 15 hr. min.

21. I hereby certify that I attended the deceased from **Mar 25 1946** to **Mar 25 1946**
that I last saw him alive on **Mar 25 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Gastroenteritis from Stomach Poisoning**
Due to _____ Duration **2 day**

9. Birthplace **Near Russellville, Mo**
(City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name **Linley Enloe**
13. Birthplace **Russellville, Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Clementine Martin**
15. Birthplace **Garden City, Kansas**
(City, town, or county) (State or foreign country)
16. (a) Informant **Linley Enloe**
(b) Address **Russellville, Mo**
17. (a) **Burial** (b) Date thereof **March -25-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Allen Cemetery**
18. (a) Signature of funeral director **Wm. J. Schubert**
(b) Address **Russellville, Mo**
19. (a) **Mar. 26** (b) **Mar. Minnie Nittermeyer**
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
1190

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)
23. Signature **Walter L. Leslie** (M. D. or other) _____
Address **Russellville, Mo** Date signed **3-26-46**

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 4-3-46

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 Wm. H. Schubert
Licensed Embalmer No. 2820
P. O. Address Russellville

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.