

FILED JAN 27 1947

Registration District No. 2

Primary Registration District No. 5019

Registrar's No. 123

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

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution:
Helena, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. Helena
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert A. Enslow

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color, or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Caroline Enslow 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 21 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name David Enslow

13. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Mary H. Howkins

15. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harvey Hartman

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 1/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Helena, Mo. Cemetery

18. (a) Signature of funeral director Newton Beale & Bowman

(b) Address St. Joseph, Mo.

19. (a) 1-14-47 (b) Lillian Sparks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1947 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan. 3, 1946 to Jan. 9, 1947
that I last saw him alive on January 9th, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings of operations g3A

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature E. M. Reynolds (M. D. or other) _____

Address Union Star, Mo. Date signed 1/9/47

DEC 19 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Raymond W. Morehead

Licensed Embalmer No. 4413A

P. O. Address 319 So 10th St Joseph, 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.