

FILED FEB 10 1947

State File No.

Registration District No. 329

Primary Registration District No. 4523

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Schell City
(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)

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

In this community 66 years
years, months or days)

3. (a) PRINT FULL NAME Malinda Evalina Ensley

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married widowed

6. (b) Name of husband or wife John Ensley 6. (c) Age of husband or wife if 7

7. Birth date of deceased Jan 18 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Howell Cross Road, Ala (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name George Vandyke

13. Birthplace Switwater, Tenn (City, town, or county) (State or foreign country)

14. Maiden name Hilda Davis

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

16. (a) Informant Earl D. Ensley

(b) Address Hepler Road

17. (a) burial (b) Date thereof Jan 28 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Greenlaw Cemetery

18. (a) Signature of funeral director J. W. Gray

(b) Address Schell City Mo.

19. (a) Jan 25-47 (b) Mrs Sarah E Gray
(to received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Schell City
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1947 hour 7 minute _____ A.M.

21. I hereby certify that I attended the deceased from Jan. 21, 1947, to Jan. 24, 1947;
that I last saw her alive on Jan. 24, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Enteremphrosis Duration 7 da

Due to _____

Due to 12 2B

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

Major findings: Of operations none performed

Of autopsy none performed

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 _____

23. Signature J. W. Gray (M. D. or other) _____

Address Schell City Mo. Date signed 1/25/47

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

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: *M. M. Lewis*

Licensed Embalmer No. *3084*

P. O. Address. *Schell 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.