. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39017

Registration District No. FILED DEC 15 1947 Primary Registration District No. 4355 Registrar's No. 247

1. PLACE OF DEATH:
(a) County: New Madrid
(b) City or town: New Madrid
(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 years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: New Madrid
(c) City or town: New Madrid
(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 .....

3. (a) PRINT FULL NAME: Edward Enlow, JR.
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: M
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Jan (Month) – 21 (Day) – 1946 (Year)
8. AGE: Years 1 | Months 9 | Days 13 | If less than one day ..... hr. ..... min.
9. Birthplace: Cape Girardeau (City, town, or county), Mo. (State or foreign country)
10. Usual occupation: Child
11. Industry or business: —
12. Name of father: Edward Enlow
13. Birthplace of father: Nashville (City, town, or county), Tenn. (State or foreign country)
14. Maiden name of mother: Christine Thomas
15. Birthplace of mother: New Madrid (City, town, or county), Mo. (State or foreign country)
16. (a) Informant: Edward Enlow
(b) Address: New Madrid, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Sand Hill
18. (a) Signature of funeral director: Richards & Co
(b) Address: New Madrid, Mo.
19. (a) 11-29-47 (Date received by local registrar) (b) Helen Lud Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1947 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from 10/19, 1947, to 11/4, 1947 that I last saw him alive on 10/19, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to: Pertussis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 0	

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place) 0
While at work? ..... (e) Means of injury .....
23. Signature: B. Allenstein (M. D. or other) MD
Address: New Madrid Date signed 11/10/47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1247-1580
Date Filed 12-11-47

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 Allen C McSpadden, Registered Apprentice No. 512, working under my personal supervision.

Signed Leo Hedgspeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.