

No. 2
12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 2 1947
Dr. Ossman
Registration District No. 47

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41200

Primary Registration District No. 3016

Registrar's No. 277

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 330 Bolivar Street 4
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Tally B. Enloe, Jr.

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 Single

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

7. Birth date of deceased Sept 26 1932
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 2 28 hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER

12. Name Tally B. Enloe, Sr.

13. Birthplace Russellville, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Helen Schrimpf

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

16. (a) Informant Tally B. Enloe, Sr.

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Dec-27-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Thorp J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 12-24-47 (b) R. G. Darric md
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24
year 1947 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec 22, 1947, to Dec 24, 1947,
that I last saw him alive on Dec 23, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Cerebral Hemorrhage
Duration Skull Fracture of Vault
Fracture of facial bones
Due to Multiple lacerations of face and
Other conditions Internal injuries
(Include pregnancy within 7 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 17027

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) Accident 1201

(b) Date of occurrence Dec 22 - 1947

(c) Where did injury occur? Public Highway No. J.C.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?
Public Hg.

While at work? _____ (Specify type of place)
(e) Means of injury car acc.

23. Signature J. Ossman (M. D. or other) M.D.

Address Jefferson City, Mo Date signed 12/24/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12/31/47

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.....

..... Registered Apprentice No.....
working under my personal supervision.

Signed *Joseph Gordon*
Licensed Embalmer No. 1786
P. O. Address *Jefferson 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.