

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

Registration District No. 200

Primary Registration District No. 5723

Registrar's No. 270

1. PLACE OF DEATH:
 (a) County Macon
 (b) City or town College Mound Rural Chariton
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Macon 61
 (c) City or town College Mound 6
(If outside city or town limits, write "RURAL") 0
 (d) Street No. _____
(If rural, give location) 5
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Emmitt L. Enyard
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 24
 year 1948 hour 3: minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 1, 1947, to Jan 20 1948
 that I last saw him alive on Jan 20 1948
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Negro
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Ocie Enyard 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 18 1878
(Month) (Day) (Year)

Immediate cause of death Bright's Disease Duration 1 yr.
 Due to _____
 Due to _____
 Other conditions 31 B
(Include pregnancy within 3 months of death)

8. AGE: Years 69 Months 2 Days 6 If less than one day _____ hr. _____ min.
 9. Birthplace Randolph County (State or foreign country)
(City, town, or county)
 10. Usual occupation Laborer

Major findings:
 Of operations none
 Of autopsy none
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 11. Industry or business _____
 12. Name Unkown 0
 13. Birthplace Mo (State or foreign country)
(City, town, or county)
 14. Maiden name Unkown 0
(City, town, or county)
 15. Birthplace Mo. 0
(City, town, or county)
(State or foreign country)
 16. (a) Informant Mrs. Ocie Enyard
 (b) Address College Mound Mo
 17. (a) Burial (b) Date thereof 1/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Jacksonville, Mo.
 18. (a) Signature of funeral director Albert Shiner
 (b) Address Macon, Mo
 19. (a) 2-4-48 (b) Ruth McNeely
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (c) 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? 0
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature D W Dreyer (M. D. or other) MD
 Address Huntsville Mo Date signed 1/26/48

RECEIVED
District Health Officer No. 10
District File Number 2-48-29
Date Filed FEB 10 1948

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.....

Thos. L. Bell

....., Registered Apprentice No. *37*

working under my personal supervision.

Signed *Albert Skinner*

Licensed Embalmer No. *737*

P. O. Address *Macon 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.