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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4331

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 50

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: 311 A Lafayette
(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 .....

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. 311 A. Lafayette 4
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) O
If yes, name country .....

3. (a) PRINT FULL NAME ROSE ANNA ENLOE
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife A. A. ENLOE
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased APR. 23 - 1870 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	10	1	hr. ..... min.

9. Birthplace Laclede County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business .....
MOTHER FATHER
12. Name J. N. Hunter
13. Birthplace Laclede County Mo. (City, town, or county) (State or foreign country)
14. Maiden name Polly Ann Finley
15. Birthplace Russellville Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Martha Hazzard
(b) Address Bonnots Mill Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation ENLOE CEM.
18. (a) Signature of funeral director [illegible]
(b) Address Russellville Mo
19. (a) 2-25-48 (Date received local registrar) (b) R. P. Dorris M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 24th year 1948 hour 8. minute 30 A.M.
21. I hereby certify that I attended the deceased from 2/24 1948 to 2/24 1948 that I last saw him alive on 2/24/48 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart disease — Duration 5 yr.
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations .....
Of autopsy .....

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) Nature of injury .....
23. Signature [illegible] (M. D. or other)
Address Jefferson City Mo Date signed 4-25-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed MAR 11 1948

APR 21 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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed G N Stiffins

Licensed Embalmer No. 2307

P. O. Address Russellville 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.