. S. No. 2
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v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5809

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Waynesville General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hrs (Specify whether

In this community 25 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dent

(c) City or town Salem.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alva D. Enloe

3. (b) If veteran, name war WW II

3. (c) Social Security No. 489-14-6972

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lillie Irene Enloe

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Dec (Month) 24 (Day) 1916 (Year)

8. AGE: Years 31 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Timber, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Machinist.

11. Industry or business

FATHER
12. Name Charles Enloe.
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Elizabeth Pratt
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Lillie I. Enloe
(b) Address Salem, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cem.

18. (a) Signature of funeral director Hobart Grantham
(b) Address Salem, Mo.

19. (a) Feb. 26, 1948 (Date received local registrar) (b) Thelma G. Buckthorpe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1948 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from ..., 19.., to ..., 19..; that I last saw him alive on Feb. 20, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Accident - Due to Car Wreck Skull fracture

Due to with brain injury

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence 2/20/48

(c) Where did injury occur? near Rolla Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)

While at work? no (e) Means of injury Car Wreck

23. Signature [illegible] (M. D. or other)

Address Waynesville Mo. Date signed 2/20/48

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1948

MAY 1 1948

MAR 19 1948

OCT 1 1952

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 Edward F Bragles, Registered Apprentice No. 425, working under my personal supervision.

Signed Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla

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.