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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 18 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9484

Registration District No. 226 Primary Registration District No. 5799 Registrar's No. 10.

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Holliday, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 69
(a) State Missouri (b) County Monroe
(c) City or town Holliday, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Miles South of Granville, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME George Washington Ensor
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia L. Ensor
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased 12- (Month) 3- (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
72	2	4	hr. min.

9. Birthplace Springfield, (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Farming
11. Industry or business Same
FATHER
12. Name John Ensor
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Julia, Brengle
15. Birthplace (City, town, or county) Not Known (State or foreign country)
16. (a) Informant Mrs. Julia L. Ensor
(b) Address Holliday, Missouri Rural
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Holliday, Missouri
18. (a) Signature of funeral director Million & Barkelew
(b) Address Shelbina, Missouri
19. (a) 3-13-48. (Date received local registrar) (b) Olive Little (Registrar's signature) 204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7th. year 1948 hour 8: minute P M.
21. I hereby certify that I attended the deceased from Feb 1, 1948 to Feb 8, 1948 that I last saw him alive on Feb 8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	H.K
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93 P	
Of autopsy	

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)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address Kans Mo Date signed

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

RECEIVED
District Health Officer No. 10
District File Number 3-48-499
Date Filed MAR 15 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 Perry A. Barkeleee

Licensed Embalmer No. 3835

P. O. Address Shelbina, 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.