

No. 2
-12-45
-17-39
X47070

FILED MAY 10 1948

State File No. _____

Registration District No. 2787

Primary Registration District No. 5376

Registrar's No. 24

1. PLACE OF DEATH

(c) County De Kalb

(b) City or town Cameron, Mo. Rt. 3rd
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution No (Specify whether 1)

In this community Life Time years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Kalb 3200

(c) City or town Cameron, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. 3rd (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Harry Marvin Ensign

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race W. 6. (b) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Glady's 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 22 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 1948, to _____, 1948;

that I last saw him alive on _____, 1948, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

61 0 21 hr. _____ min.

Immediate cause of death Cardiac Thrombosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace De Kalb County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Marvin Ensign

13. Birthplace Sattie Womack
(City, town, or county) (State or foreign country)

14. Maiden name Sattie Womack

15. Birthplace No record
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Robert K. Ensign

(b) Address Cameron

17. (a) Burial (b) Date thereof 4-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Egyptian

18. (a) Signature of funeral director Glady's Funeral Home

(b) Address Egyptian

19. (a) 4-25-48 (b) R. Davidson
(Date received local registrar) (Registrar's signature)

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) Means of injury 0

23. Signature W.S. Gale M.D. (M. D. brother)

Address O. Storm, Mo. Date signed 7/17/48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

George A. Trammell

Licensed Embalmer No. *4422*

P. O. Address *309 1/2 West 3rd*

Cameron, Missouri

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.