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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 19 1948  
Registration District No. 324

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15109  
Registrar's No. 71

Primary Registration District No. 6093

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

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo State School 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 yrs - 6 mo  
26 days (Specify whether  
In this community 22 yrs - 6 mo - 26 da.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin  
(c) City or town Kennett  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Francis Enscoe

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 5 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased (Month) 5 (Day) 19 (Year) 07

8. AGE: Years 40 Months 11 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mo State School records

(b) Address Marshall Mo

17. (a) Burial (b) Date thereof 4-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo State School

18. (a) Signature of funeral director Campbell - Davis

(b) Address 7755 Park Mo

19. (a) 4-2-1948 (b) Sidney J Gray  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1  
year 1948 hour 10:25 minute P M.

21. I hereby certify that I attended the deceased from March 28, 1948, to April 1, 1948, that I last saw her alive on April 1, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death croupus pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 108

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? \_\_\_\_\_

(Specify type of place) While at work? (e) Means of injury \_\_\_\_\_

23. Signature R O Kelly (M. D. optional)

Address MARSHALL Mo Date signed 4-1-48

