

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5890

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6075		Registrar's No. 70		
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, St. Francois Twp.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural St. Francois Twp.				
d. FULL NAME OF HOSPITAL OR INSTITUTION County Infirmary, Farmington, Mo.				d. STREET ADDRESS (If rural, give location) Farmington, Mo. County Infirmary				
3. NAME OF DECEASED (Type or Print) EMILY FRANCIS MCENROE			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 1, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 24, 1858		
9. AGE (In years last birthday) 90		10. MONTHS 10		11. DAYS 7		9. AGE (In years last birthday) 90		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS-OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME John Reynolds		13b. MOTHER'S MAIDEN NAME Mary Ann McCallim		14. NAME OF HUSBAND OR WIFE Mathew McEnroe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Maud Bell, Farmington, Mo. ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral vascular arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4500					INTERVAL BETWEEN ONSET AND DEATH 24 hours 15 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Feb 10, 1949, to March 1, 1949, that I last saw the deceased alive on March 1, 1949, and that death occurred at 8:45 p.m., from the causes and on the date stated above.								
23a. SIGNATURE S. L. Longfame (Degree or title) M.D.			23b. ADDRESS Farmington, Mo.			23c. DATE SIGNED 3-2-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 3, 1949		24c. NAME OF CEMETERY OR CREMATORY New Calvary		24d. LOCATION (City, town, or county) (State) Farmington, Mo.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Mar. 3, 1949		REGISTRAR'S SIGNATURE 289 Ether Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cozean Funeral Home, Farmington, Mo.				

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RECEIVED

District Health Officer No. 4
District File Number 349-361
Date Filed 3-14-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4084

P. O. Address Summerton, 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.