

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24306

State File No.

No. 300
10-48

FILED JUL 20 1949

43645-49

BIRTH NO. 304 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 227

1. PLACE OF DEATH a. COUNTY Pettis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 22 Hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles		71
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			d. STREET ADDRESS (If rural, give location) 1 A		
3. NAME OF DECEASED (Type or Print) a. (First) Shel a b. (Middle) Sue c. (Last) Ensminger			4. DATE OF DEATH (Month) (Day) (Year) June 27, 1949		
5. SEX Femal e	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 26, 1949	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ira Ensminger		13b. MOTHER'S MAIDEN NAME Esther Hafer		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ira Ensminger Versailles, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral haemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Haemorrhagic disease of newborn DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7910				INTERVAL BETWEEN ONSET AND DEATH
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) m.	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 June 26, 1949 , to June 27, 1949 that I last saw the deceased alive on June 27, 1949 , and that death occurred at 2:50 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Chas. Gordon Kempf MD			23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 7-10-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 27-49	24c. NAME OF CEMETERY OR CREMATORY Versailles	24d. LOCATION (City, town, or county) (State) Versailles, Mo.		
DATE REC'D BY LOCAL REG. 7-11-49	REGISTRAR'S SIGNATURE Betty Yeager Deputy		25. FUNERAL DIRECTOR'S SIGNATURE St. F. ...	ADDRESS Versailles, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—6

RECEIVED JUL 16
District Health Officer No. 8,
District File Number _____
Date Filed 2-19-49

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.

Student _____
Student Embalmer

Signed Raymond C. Foster
Licensed Embalmer No. 4626
P. O. Address Versailles, 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.