

5. No. 300  
V. 10. 48

FILED SEP 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31060  
Registrar's No. 321

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 321

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>1229 Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1229 Broadway</u>		d. STREET ADDRESS (If rural, give location) <u>1229 Broadway</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roscoe</u> b. (Middle) <u>None</u> c. (Last) <u>Enslin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 18, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 18, 1900</u>
9. AGE (In years last birthday) <u>50</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor of Grocery Store</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor of Grocery Store</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Sanford Enslin</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Menefee</u>	14. NAME OF HUSBAND OR WIFE <u>Iniz Enslin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW No. 1</u>		16. SOCIAL SECURITY NO. <u>494-32-3994</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Inez Enslin</u> ADDRESS <u>Hannibal</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <u>Sept 18, 1950</u> , to <u>Sept 18, 1950</u> , that I last saw the deceased alive on <u>Sept 18, 1950</u> , and that death occurred at <u>5 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert Lanning MD</u>		23b. ADDRESS <u>524 Broadway Hannibal</u>	
23c. DATE SIGNED <u>9/18/50</u>		23c. DATE SIGNED <u>9/18/50</u>	
24a. BURIAL PLACE <u>Rural</u>		24b. DATE <u>8-20-1950</u>	
24c. NAME OF CEMETERY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/19/50</u>		REGISTRAR'S SIGNATURE <u>W. E. Lucke</u>	
FURNERAL DIRECTOR'S SIGNATURE <u>Joseph Clark</u>		ADDRESS <u>Hannibal</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 27 1950  
MARION CO. HEALTH DEPT.  
DATE FILED SEP 28 1950

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.....

Ralph Clark

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph Clark  
Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.