

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

File 3502  
State File No. ....

**FILED FEB 14 1951**

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>6128</u>		Registrar's No. <u>109</u>			
1. PLACE OF DEATH a. COUNTY <p align="center"><b>Shannon</b></p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center"><b>Missouri</b></p>				b. COUNTY <p align="center"><b>Shannon</b></p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center"><b>West Eminence, MO</b></p>		c. LENGTH OF STAY (In this place) township) <p align="center"><b>20 Yrs</b></p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center"><b>Eminence Twp</b></p>		1010			
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center"><b>None</b></p>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)			a. (First) <p align="center"><b>Walter</b></p>		b. (Middle) <p align="center"><b>William</b></p>		c. (Last) <p align="center"><b>Ennis</b></p>		
4. DATE OF DEATH		(Month)		(Day)		(Year)			
<p align="center"><b>Feb</b></p>		<p align="center"><b>2</b></p>		<p align="center"><b>1951</b></p>					
5. SEX <p align="center"><b>M</b></p>		6. COLOR OR RACE <p align="center"><b>W</b></p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center"><b>Widowed</b></p>		8. DATE OF BIRTH <p align="center"><b>Oct 24, 1880</b></p>			
9. AGE (In years last birthday)		If UNDER 1 YEAR		If UNDER 1 MONTH		If UNDER 1 HOUR			
<p align="center"><b>76</b></p>		<p align="center"><b>3</b></p>		<p align="center"><b>8</b></p>		<p align="center"><b>15</b></p>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center"><b>Lumberman</b></p>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <p align="center"><b>Ava, Missouri</b></p>			
12. CITIZEN OF WHAT COUNTRY? <p align="center"><b>USA</b></p>									
13a. FATHER'S NAME <p align="center"><b>James Ennis</b></p>			13b. MOTHER'S MAIDEN NAME <p align="center"><b>Mary Hancock</b></p>			14. NAME OF HUSBAND OR WIFE <p align="center"><b>Ella Ennis</b></p>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center"><b>NO</b></p>		16. SOCIAL SECURITY NO. <p align="center"><b>408-16-7013</b></p>		17. INFORMANT'S SIGNATURE OR NAME <p align="center"><b>Ray Ennis,</b></p>		ADDRESS <p align="center"><b>St Louis Mo</b></p>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				ANTECEDENT CAUSES				3 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) <u>Hypertension</u>				yrs-	
				DUE TO (c) <u>Very severe sinusitis (chronic)</u>				33 IX	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)					
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 <u>Jan 31, 1951</u> , to <u>Feb 2nd, 1951</u> , that I last saw the deceased alive on <u>Feb 2nd, 1951</u> , and that death occurred at <u>3:35 p.m.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <p align="center"><b>Dr. F. Wilson D.D. 2</b></p>				23b. ADDRESS <p align="center"><b>Eminence Mo</b></p>				23c. DATE SIGNED <p align="center"><b>2-5-51</b></p>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
<p align="center"><b>Removal</b></p>		<p align="center"><b>Feb 4 51</b></p>		<p align="center"><b>Grandin Cem</b></p>		<p align="center"><b>Grandin Missouri</b></p>			
DATE REC'D BY LOCAL REG. <p align="center"><b>2-10-51</b></p>		REGISTRAR'S SIGNATURE <p align="center"><b>Michael Rose</b></p>		447		25. FUNERAL DIRECTOR'S SIGNATURE <p align="center"><b>Duncan Funeral Home</b></p>			
						ADDRESS <p align="center"><b>Wtn View, MO</b></p>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 12 1951

DISTRICT HEALTH OFFICE No. 0

File No. ....

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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 *John F. Duncan* .....

Licensed Embalmer No. *2516* .....

P. O. Address *My View 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.