

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4951

State File No.

752

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Kansas</p>				b. COUNTY <p style="text-align: center;">Doniphan</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>8 weeks</u>		c. CITY OR TOWN <u>Denton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				e. STREET ADDRESS (If rural, give location) <p style="text-align: right;">\$150 g</p>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ELLEN</u>		b. (Middle) <u>G.</u>		c. (Last) <u>McENULTY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Aug. 31, 1885</u>		9. AGE (in years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postmistress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Govt. Post Office</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mt. Pleasant, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Patrick McEnulty</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen McArdle</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary McEnulty, 3100 Wabash, K.C. MO.</u>				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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>44 hr</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Carcinomatosis</u>						<u>1 yr</u>		
	DUE TO (c) <u>Carcinoma of uterus</u>						<u>3 yr</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION <u>1/6/54</u> <u>2/17/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinomatosis</u>						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)		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>1/6/54</u> , 19 <u>54</u> , to <u>2/17/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2/17/54</u> , 19 <u>54</u> , and that death occurred at <u>11:30 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W. B. McQuinn</u> (Degree or title) <u>M/D</u>				23b. ADDRESS <u>836 Cuyler St</u>		23c. DATE SIGNED <u>2/17/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-17-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Benedict's</u>		24d. LOCATION (City, town, or county) (State) <u>Bendena, Kansas</u>				
DATE REC'D BY LOCAL REG. <u>2-17-54</u>		REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE UND. CO.</u>		ADDRESS <u>K.C. MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Leonard T. Walker
Argyle Bldg.
Vi 93811

7029 1

until 2:30

MAY 10 1954

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.....
Signature of Student Embalmer

Signed *Eugene J. Kern*

Licensed Embalmer No. 46
P. O. Address *Lusby, Va*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.