

1. Health,
2. Welfare
3. Public
4. Service

S. 300 4
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

James R. Mc Vay
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40315
STATE FILE NUMBER
5234

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If NOT in hospital give location) Home 3621 Warwick		Length of stay in lb 4 yrs	d. STREET ADDRESS (If outside, give location) 1603 E. 42nd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JULIA Middle ANN Last ENSLER			4. DATE OF DEATH Month Nov. Day 7 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 12, 1864	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Hannibal, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Florence Mahoney		13b. MOTHER'S MAIDEN NAME Mary Kelley		14. NAME OF HUSBAND OR WIFE Joseph H. Enslin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. T. A. Kaiser, 1603 E. 42nd		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction				INTERVAL BETWEEN ONSET AND DEATH hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary arteriosclerosis				years	
DUE TO (c)				4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7/2/1953 to 11/7/57 and last saw her alive on Mar. 24 1957 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James R. McVay M.D.			22b. ADDRESS 814 VFW Bldg.		22c. DATE SIGNED 11/8/57
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 11-8-57	23c. NAME OF CEMETERY OR CREMATORY Hannibal Missouri Cem.		23d. LOCATION (City, town, or county) (State) Hannibal, Missouri
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home		ADDRESS 11-8-57	25. DATE RECD. BY LOCAL REG. Nov		26. REGISTRAR'S SIGNATURE Wendy Minshall

To James M. Day Jr.
V. F. W. Body
021-5800



Age will find out if
he will sign cert. at
St. Mary's Hosp.
yes betw 10-12 hrs.

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 James W. Wain

Licensed Embalmer No. 4650
P. O. Address 15 E. Ma.

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.