

FFB 1 5 1940  
Registration District No. 47

Primary Registration District No. 4027

Registrar's No. 4

1. PLACE OF DEATH: Bates  
(a) County \_\_\_\_\_  
(b) City or town Adrian  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 7  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 47 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Francis A. Enos 520  
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth L. Landes 6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased Nov-22-1857 (Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lealhoun Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Enos  
13. Birthplace Illinois (City, town, or county) (State or foreign country)  
14. Maiden name Phibe Baugh  
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John V. Enos

(b) Address 4410 Campbell Kansas City Mo.

17. (a) Burial (b) Date thereof Jan 23-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Levent Hill Cem.

18. (a) Signature of funeral director Wright & Son

(b) Address Adrian Mo 50

19. (a) Jan 29-40 (b) Ethel C. Stephens (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Bates  
(c) City or town Adrian (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 15, 1940 to Jan. 21, 1940

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia following influenza.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 11/2 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. E. Robinson (M. D. or other) MD

Address Adrian Mo. Date signed 1-22-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 7,  
District No. Number 2-40-266  
Date Filed 2-14-40

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 and

Fred J. Leveath, Lic # 3343

, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Adrian Mo.

Licensed Embalmer No. 3650

P. O. Address Adrian 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, above space should be left blank.