

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 404

Primary Registration District No. 5558

Registrar's No.

I. PLACE OF DEATH:

(a) County Jackson
(b) City or town Hickman Mills
(c) Name of hospital or institution: 1 Wash Dr.
(d) Length of stay: In hospital or institution 9 years
In this community 9 years

3. (a) PRINT FULL NAME JACOB ENSMINGER

8. (b) If veteran, name war - (c) Social Security No. -

4. Sex Male (d) Color or race White (e) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Belt Ensminger (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 19 1876

8. AGE: Years 64 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Stover Mo. (State or foreign country)

10. Usual occupation Ret. Farmer

11. Industry or business

MOTHER FATHER { 12. Name John Ensminger
13. Birthplace Pa.
14. Maiden name Lucy Wehgart
15. Birthplace Pa.

16. (a) Informant Mrs. Jacob Ensminger (b) Address Hickman Mills, Mo.

17. (a) Burial (b) Date thereof May 8, 1941 (c) Place: burial or cremation Stover, Mo.

18. (a) Signature of funeral director E. R. Geary & Son (b) Address

19. (a) 5-12-41 (b) Registrar's signature Mrs. J. Brennan

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Hickman Mills
(d) Street No. 0
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1941 hour 7 minute 15 9 A.M.

21. I hereby certify that I attended the deceased from Nov. 25, 40, 1940, to May 5, 1941

that I last saw him alive on May 5, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Ca of recto - Squared perforation

Due to 469

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?
(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 Robert M. Myers (M.D. or other) M.D. Address 1025 - Rietz Bl Date signed 5-6-41

Duration Underline the cause to which death should be charged statistically.

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

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3645-

P. O. Address Grandview, 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.