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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1941

Registration District No. 214

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5294

State File No. 24915

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Olean, Mo; Rural Moreau Twp
(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)

(d) Length of stay: In hospital or institution / (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cole

(c) City or town: Olean, Rural
(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.? 0 years.

3. (a) PRINT FULL NAME: Lewis Jasper Enloe

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ida Enloe

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: Oct. (Month) 31 (Day) 1865 (Year)

8. AGE: Years 75 Months 8 Days 26 If less than one day hr. min.

9. Birthplace: Russellville, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Isaac Enloe
13. Birthplace: (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Ellen Jane Stevens
15. Birthplace: (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Mrs. Ida Enloe
(b) Address: Olean Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7- (Month) 23- (Day) 41 (Year)
(c) Place: burial or cremation: Enloe Cem.

18. (a) Signature of funeral director: G.N.Steffens
(b) Address: Russellville, Mo.

19. (a) July 22 1941 (Date received local registrar) (b) Mae Mabel Barbur (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st year 1941 hour 6 minute 15 P M.

21. I hereby certify that I attended the deceased from July 7, 1941, to July 21, 1941 that I last saw him alive on July 21, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Nose

Due to:

Due to: 57

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy:

Duration

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

23. Signature: Walter L Leslie (M. D. or other) D
Address: Russellville Mo Date signed 7/22/41

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 G M Stiffens

Licensed Embalmer No. 2307

P. O. Address Russellville, A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.