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1
2

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Sisters
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days) 4 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Manassas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3639 Agnes
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Ennis

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1942 hour 6:10 minute a M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased: Dec 30 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 27 1942 to Nov. 30 1942
that I last saw her alive on Nov. 29 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

74 11 _____ hr. _____ min.

Immediate cause of death: Heart blood - Autogestitis

Due to Chronic myocarditis

Due to _____

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation House

Other conditions (Include pregnancy within 3 months of death) 1/18!

11. MOTHER FATHER

12. Name Thomas Ennis

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Annie Mendenhall

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Mrs. E. P. Allber

(b) Address 215 East Penn

17. (a) Burial (b) Date thereof Nov 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manassas City, Missouri

18. (a) Signature of funeral director Stine & McCluney Co

(b) Address 3235 Hilltop Plaza

19. (a) Nov 30, 42 (b) Mrs. T. O. Wetherick
(Date received local registrar) (Registrar's signature)

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 Albion M. D. O (M. D. or other) _____

Address Marshall, Mo Date signed 11-30-42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed

12-10-4 SEP 20 1948

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

Leon A. Stewart

Licensed Embalmer No. *4177*

P. O. Address

Kansas City, 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, fact should be so stated above.