

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1946
82

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36480

State File No.

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 107

1. PLACE OF DEATH:

(a) County COOPEY

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

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

(d) Length of stay: In hospital or institution 8 WEEKS
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPEY 27

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

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

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

3. (a) PRINIPAL FULL NAME MINNIE E. ENLOE

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife L. M. Enloe

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased 10 16 1899
(Month) (Day) (Year)

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

47 0 5 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business.....

MOTHER FATHER

12. Name JACOB BOYTS

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

14. Maiden name MARY TOMPSON

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

16. (a) Informant J. M. Enloe

(b) Address Prarie Home mo

17. (a) REMOVAL (b) Date thereof 10-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ZION C.E.M.

18. (a) Signature of funeral director C. Albert Hornbeck

(b) Address Prarie Home mo

19. (a) Oct 22, 1946 (b) Clay Morris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1946 hour 2 pm minute M.

21. I hereby certify that I attended the deceased from Dec 26
1946 to Dec 21 1946

that I last saw h. a alive on Dec 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Intestinal obstruction
fungus
100%
Due to Carcinoma of peritoneal cavity
Due to Ca. of ovaries

Duration 4 years

Other conditions..... 49A
(Include pregnancy within 3 months of death)

Major findings: Ca. of ovaries
Of operations Meta. Ex. ca. of uterus at 1942

Of autopsy None 20 July 1946

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..... 0

23. Signature Clay Morris (M. D. or other)
Address mo Date signed 10.21.46

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

7
1
2
35302

RECEIVED

Civilian Health License No.

District and Subdistrict

Date Filed 11-23-46

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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.