No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 5 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 40917

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1527

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2⅔ weeks (Specify whether years, months or days)
In this community Lifetime in St. Joseph and Easton, Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: R.R.#2 Easton, Mo. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mary Joan Enright
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 31 (Day) 1930 (Year)
8. AGE: Years 17 | Months 3 | Days 26 | If less than one day hr. min.
9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Student
11. Industry or business: Stewartsville High School
FATHER
12. Name: Joseph E. Enright
13. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Lela Rieben
15. Birthplace: West Bend (City, town, or county) Iowa. (State or foreign country)
16. (a) Informant: Joseph E. Enright
(b) Address: R.R. #2 Easton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 29, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.
19. (a) 12-30-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th year 1947 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 26, 1944 to Dec 27, 1947 that I last saw her alive on Dec. 26, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chronic Uremia | 3 mo. |
| Due to: Chronic Glomerulo Nephritis | 1 yr. |
| Due to: | |
| Other conditions: Nephrosis (Include pregnancy within 3 months of death) | 3½ yrs. |

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN — Underline the cause of 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: E. M. Shores (M. D. or other) M.D.
Address: 317 Lindspatrick Bldg. St. Joseph Mo. Date signed 12-29-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....Elbert A. Harrington.....

Licensed Embalmer No.....3258.....Missouri.....

P. O. Address.....St. Joseph, 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.