

BUREAU OF THE CONSUL
FILED AUG 15 1941

State File No.

Registration District No. 371

Primary Registration District No. 4335

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(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)
In this community — years, months or days

3. (a) PRINT FULL NAME Mrs. Margaret 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 Widow
6. (b) Name of husband or wife Alfred 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased March 15 1861
(Month) (Day) (Year)

8. AGE: Years 90 Months 3 Days — If less than one day hr. — min. —

9. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

MOTHER FATHER { 12. Name Thomas Cothran
13. Birthplace 134 (City, town, or county) (State or foreign country)
14. Maiden name Pratt
15. Birthplace Ky. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Phil Ginty
(b) Address California Mo

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof June 16 '41 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem. California Mo

18. (a) Signature of funeral director Edgar A. Gibbs

(b) Address Russellville Mo

19. (a) 6-16-41 (Date received local registrar) (b) Edgar A. Gibbs (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau
(c) City or town California Mo 1
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1941 hour 6 minute — M. —

21. I hereby certify that I attended the deceased from Aug 29 to June 15, 1941, that I last saw her alive on June 15, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular disease Duration 10 3/4 yrs

Due to 93

Due to 93

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) no
(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 Edgar A. Gibbs (M. D. or other) ①
Address California Date signed 6/16/41

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.....

Hugo K Schuchert Hazel B Schuchert
working under my personal supervision. Registered Apprentice No.....

Signed.....

Licensed Embalmer No. *2820-3716*

P. O. Address. *Russellville*

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.