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

FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20604

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2124

1. PLACE OF DEATH: Jackson
(a) County _____
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months
In this community All her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048
(a) State Missouri (b) County Jackson
(c) City or town Kansas City St.
(If outside city or town limits, write "RURAL")
(d) Street No. 1205 West 75th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mrs. Katie Endres

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 30
year 1941 hour 12 minute 30 P. M.

3. (b) If veteran, name war XX 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from Dec. 27, 1940, to May 30, 1941;
that I last saw her alive on May 30, 1941;
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Adolf Endres 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Feb. 14 1864
(Month) (Day) (Year)

Immediate cause of death
Cardiovascular Renal Dec. 6 9/10 minutes

8. AGE: Years Months Days If less than one day
77 3 16 hr. _____ min.

Due to Senility
Due to 12/0

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

Other conditions Fracture of rd. femur 5 months
(Include pregnancy within 3 months of death)

10. Usual occupation At Home

MOTHER FATHER {
11. Industry or business _____
12. Name Christian Wiedenman
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Mathilda Miller
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant William Endres
(b) Address 1205 W. 75th St.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Dec. 27, 1940
(b) Date of occurrence Accident 123

17. (a) Burial (b) Date thereof June 2-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

(c) Where did injury occur? K. G. Mo. Jackson
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

18. (a) Signature of funeral director J. M. Wagner
(b) Address Kansas City, Mo.

While at work? No (Specify type of place)
(c) Means of injury Slipped

19. (a) 6/2/1941 (b) M. M. Cron
(Date received by registrar) (Registrar's signature)

23. Signature J. Schaefer (M. D. or other)
Address 140 S. 7th Blvd. K. G. Mo. Date signed 6/21/41

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 A. R. Hainscheld

Licensed Embalmer No. 4159

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.