

No. 2
1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6901

FILED MAR 11 1942
Registration District No. 228

Primary Registration District No. 3020

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage (Mo.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mc Cune Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
In this community 16 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage (If outside city or town limits, write "RURAL") 1
(d) Street No. 819 Oak St. (If rural, give location) 3
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME MARY ELIZABETH ENDSLEY

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James Milton Endsley 6. (c) Age of husband or wife at death _____ years

7. Birth date of deceased January 7-1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 1 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. J. E. Zinn

(b) Address 520 W. Central St., Carthage

17. (a) Burial (b) Date thereof 2-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 S. Garrison Ave., Carthage

19. (a) Feb. 17, 1942 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th
year 1942 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from February 11th
1942 to February 15, 1942
that I last saw her alive on Feb. 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to Hypertension 5 years

Due to Toxic Thyroid 10 years

Other conditions Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy No
None 8301
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 None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work No (Specify type of place) (e) Means of injury _____

23. Signature George J. Ward (M. D. or other) Geo. J.

Address 304 Grant St., Carthage, Mo. Date signed 2/17/42

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

49
1
3

MOTHER FATHER

1203

(Licensed Embalmer's Statement on Reverse Side)

42.2.128

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 *E. Williams*

Licensed Embalmer No. 7772

P. O. Address Ortgage

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.