

S. No. 2
-1-4-41
5-17-39
No 1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17681

State File No. _____

Registrar's No. 79

FILED JUN 15 1942
Registration District No. _____

Primary Registration District No. 4080

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

1. PLACE OF DEATH:

(a) County CARROLL

(b) City or town Wakenda

(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 12 Days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Carroll

(c) City or town Wakenda Mo. (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Barbara Lee Endicott.

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, Child

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 8th 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Child

11. Industry or business _____

12. Name Warren Endicott.

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

14. Maiden name Irene Thomas.

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

16. (a) Informant Mrs Thomas Miller.

(b) Address Wakenda Mo.

17. (a) Burial (b) Date thereof May 22 1942
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Adkins Cemetery.

18. (a) Signature of funeral director Willis Marshall

(b) Address Carrollton Mo.

19. (a) 5-21-42 (b) Mrs James Rafferty
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1942 hour _____ minute 4:15 P.M.

21. I hereby certify that I attended the deceased from May 20 1942 to May 20 1942
that I last saw her alive on May 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pneumonia Duration 24 hrs

Due to _____

Congenital Deblity Duration 12 days

Due to _____

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

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature John H. Platt (M. D. or other) _____
Address W. of 21, 1942 Carrollton, Missour

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-12-43

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 myself

Registered Apprentice No.

working under my personal supervision.

Signed

R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Coronet Ave.

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.