

FILED FEB 7 1943
Registration District No. 273

Primary Registration District No. 5915

Registrar's No. 14

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Rural Central
(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 65-6-5
In this community 65-6-5
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lawrence Joseph Endres
3. (b) If veteran, name war 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 3
year 1943 hour 9 minute 30AM
21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Berditta Endres 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased May 28 1877
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Duration

8. AGE: Years 65 Months 6 Days 5
If less than one day hr. min.

9. Birthplace Perry co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business
12. Name John Endres
13. Birthplace perry Co Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emily McCauley
15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant Berditta Endres
(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof 2-6-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Co

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo

19. (a) 2-4-1943 (b) John J. Eber
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury
23. Signature W. C. Urban (M. D. or Other) Urban
Address Date signed 2-4-43

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

MOTHER FATHER

1326

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 243-172
Date Filed 2-8-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Wallace Young*

Licensed Embalmer No. 4027

P. O. Address..... *Perryville 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.