

FILED JAN 5 1944

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
In this community **20 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2604 E. 14 St.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **James Endler**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **19**
year **1943** hour **12** minute **30** A.M.

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

21. I hereby certify that I attended the deceased from **December 16 1943** to **December 19 1943**
that I last saw him alive on **December 19 1943**
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widow**

Immediate cause of death **Cerebral Accident with complication of Lobar Pneumonia**
Duration _____

6. (b) Name of husband or wife **Lillian Endler** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 8 1874**
(Month) (Day) (Year)

8. AGE: Years **69** Months **6** Days **11** If less than one day hr. _____ min.

Due to _____
Due to **108**
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **Kansas**
(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.

10. Usual occupation **Self Truck Hauling**

11. Industry or business _____

12. Name **James D. Endler**

13. Birthplace **West Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Nettie Rust**

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

16. (a) Informant **Laff Endler**
(b) Address **1417-Nabash**

17. (a) **Removal** (b) Date thereof **12 29 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hullington, Kan**
18. (a) Signature of funeral director **H. E. Bergman**
(b) Address **2315 Summit Blvd.**
19. (a) **12-24-43** (b) **D. E. Brown**
(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 **0**
23. Signature **Dr. R. J. Hill** (M. D. or other)
Address **Med. Dir. Gen'l Hosp.** Date signed **12-20-43**

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..... *Harry Bergman*.....

Licensed Embalmer No..... *2041*.....

P. O. Address..... *Kennett 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.