

FILED MAY 15 1944

Registration District No. 126

Primary Registration District No. 2001

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
302 N. Adams  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 3 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 302 N. Adams  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ola Dean Endsley

3. (b) If veteran, name war none  
3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Belle Endsley  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 25, 1899  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>7</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation building contractor

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Endsley  
13. Birthplace Ray county Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Amanda Larkey  
15. Birthplace Ray county Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Belle Endsley  
(b) Address 302 N. Adams, Joplin, Missouri  
17. (a) burial (b) Date thereof 4/26/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery PARKER-HUNSAKER  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 1502 Joplin, Joplin, Missouri  
19. (a) 24-44 (b) Gertrude Schubert  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 1, 1944 to Apr. 22, 1944  
that I last saw him alive on Apr. 22, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chemia  
Nephritis

Due to Cardio Vasculer  
Arteriosclerotic Heart os  
Due to Complication

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
1318

Duration

PHYSICIAN

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) \_\_\_\_\_  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature E. E. ... (M. D. or other) \_\_\_\_\_  
Address Joplin Date signed 4/24/44

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

44-4-340

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**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.....

*F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Jap-lin 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.**