S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20585

FILED JUN 14 1945

Registration District No. _____ Primary Registration District No. 3028 Registrar's No. 119

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune Brooks Hospital 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barton 6

(c) City or town: Lamar 1
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME: MARY ELIZABETH ENDSLEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: A. Endsley

6. (c) Age of husband or wife if alive: 83 years

7. Birth date of deceased: ~~September~~ December 14 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	5	24	hr. min.

9. Birthplace: Grant County, Indiana 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business _____

FATHER
12. Name: Phillip Zent
13. Birthplace: Penn. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Martha Lee Indiana
15. Birthplace: Indiana 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Steve F. Endsley
(b) Address: Lamar, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 11 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Lake Cemetery

18. (a) Signature of funeral director: KONANTZ FUNERAL HOME
(b) Address: Lamar, Missouri

19. (a) June 11 '45 (Date received local registrar) (b) Elizabeth Coughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1945 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 7, 1945, to June 8, 1945, that I last saw her alive on June 8, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	2 da
Diabetes Mellitus	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) _____

(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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature: L. Russell Smith (M. D. or other) MD

Address: Carthage, Mo. Date signed 6-8-45

1203 (Licensed Embalmer's Statement on Reverse Side)

45-6-570

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 Carl F. Stonantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.