

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

42233

FILED JAN 5 1948
Registration District No. 297

Primary Registration District No. 3059

State File No. _____
Registrar's No. 76

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
308 North Camden St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community most of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
Richmond
(c) City or town Richmond (If outside city or town limits, write "RURAL")
(d) Street No. 308 North Camden St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John F. Endsley
(b) If veteran, name war No (c) Social Security No. no

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amanda Endsley
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Sept. 22, 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 28
If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name R.P. Endsley
13. Birthplace Ind. Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Brown
15. Birthplace Ray Co. RaMoCo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Haynes
(b) Address Richmond. Mo.

17. (a) Burial (b) Date thereof Dec. 21, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Richmond. Mo.

19. (a) 12-22-45 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 20
year 1945 hour 12 minute 30 A. M.
21. I hereby certify that I attended the deceased from
Dec. 17, 1945 to Dec. 20, 1945
that I last saw him alive on Dec. 20, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 3 days
Due to Hypertension
Arterial Sclerosis 5 yrs.
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy [Signature]
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] Address Richmond, Mo. Date signed Dec. 21, 45

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

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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, prly

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.