

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20915**
Registrar's No. **2828**

FILED JUL 14 1947
Registration District No. **177**

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: **General Hospital No. 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 days**
(Specify whether years, months or days)

In this community **30 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Marie Endres**

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

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Theodore J. Endres**

6. (c) Age of husband or wife if alive **28** years

7. Birth date of deceased **March 10, 1879**
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| 68 | 3 | 20 | hr. min. |

9. Birthplace **Jerseyville, Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER {

12. Name **Frank Colmont**

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

14. Maiden name **Florence Keller**

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

16. (a) Informant **Theodore J. Lambertz**

(b) Address **43468 Cass Ave, Detroit (1) Mich.**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **July 3, 1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Mary's**

18. (c) Signature of funeral director **Thos. E. Quirk Funeral Home**

(b) Address **4316 Troost Ave.**

19. (a) **7-3-47**
(Date received local registrar)

(b) **St. Adolphine Holms**
(Registrar's signature)

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. **2612 Jackson**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **30**
year **1947** hour **3** minute **10** A. M.

21. I hereby certify that I attended the deceased from **June 22**, 19**47** to **June 30**, 19**47**
that I last saw her alive on **June 30**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral vascular accident**

Duration _____

Due to _____

Due to _____

Other conditions **830**
(Include pregnancy within 3 months of death)

Major findings: **830**
Of operations _____

Of autopsy **None**

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) _____
Place 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? _____

23. Signature **Wm W. Hart**
(Specify type of place) (e) Means of injury _____

Address **Med. Dir. Gen'l Hosp.** Date dictated **6-30-47**

Dr. R. P. ...

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 *Thomas E. Jewell*

Licensed Embalmer No. *3775*

P. O. Address *A. C. 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.