

FILED JAN 6 1948
Registration District No. **125**

Primary Registration District No. **4210**

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

1. PLACE OF DEATH:

(a) County **Harrison**
(b) City or town **Ridgeway**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **✓**
In this community **45 yrs.**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Harrison**
(c) City or town **Ridgeway**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **no.**

3. (a) PRINT FULL NAME

Perry Esley Endicott

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

3. (c) Social Security No. **no.**

4. Sex **MO**

5. Color or race **W**

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

6. (b) Name of husband or wife **Mary Endicott**

6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **3-29-1866**

(Month) (Day) (Year)

8. AGE:

Years **81** Months **3** Days **24**
If less than one day hr. min.

9. Birthplace

Trenton (City, town, or county) **no** (State or foreign country)

10. Usual occupation

Retired Farmer.

11. Industry or business

12. Name **Jessie C. Endicott**

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

14. Maiden name **Melissa A. Adams**

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

16. (a) Informant **Mary Endicott**

(b) Address **Ridgeway, Mo.**

17. (a) **Burial** (b) Date of death **July 23-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ridgeway Cemetery**

18. (a) Signature of funeral director **R.R. Hayes**

(b) Address **Ridgeway, Mo.**

19. (a) **7/25/47** (b) **Lead Brewer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **23**
year **1947** hour **4:00** minute **00 P.M.**

21. I hereby certify that I attended the deceased from **June 1945** to **July 23 1947**
that I last saw him alive on **July 22, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma (Prostatic) with multiple metastases**
Due to **metastases**

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: **51B**
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? **✓**

While at work? _____ (Specify type of place) (c) Means of injury **✓**
23. Signature **J. B. Hines, D.D.** (M.D. or other) **all**
Address **Ray, Mo.** Date signed **7-24-47**

APR 15 1953

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Robert R. Rogers
Licensed Embalmer No: 3576
P. O. Address Ridgway 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.