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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 21 1942

Registration District No.

Primary Registration District No. 3016

Registrar's No. 205

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo. State Penitentiary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 yrs
(Specify whether)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole ²⁶

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL") ^{3/1}

(d) Street No. Mo. State Prison
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Endicott (16865)

3. (b) If veteran, name war ? 3. (c) Social Security No.

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>		<u>2</u>	hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mo. State Prison Records

(b) Address Jefferson City, Mo.

17. (a) Removal (b) Date thereof Sept. 3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirks, 119 Mo

18. (a) Signature of funeral director Buescher Funeral Home
(Specify type of place)

(b) Address Jefferson City, Mo.

19. (a) 9-3-42 (b) Thomas Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1st
year 1942 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from ~~XXXXXXXX~~
Aug. 31st, 19 42 to Sept 1st, 19 42
that I last saw h. im alive on September 1st, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardia
Bronchial Pathology 25 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93e

Of autopsy

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) _____

(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? _____

23. Signature [Signature] (M. D. or other)
Address 626 Jefferson Date signed 9-2-42

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.....

Victor Buescher

Licensed Embalmer No..... 301.....

P. O. Address..... Jefferson City, 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.