

MC'DAUG 5 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26221
Do not use this space.

1. PLACE OF DEATH
 (a) County PHELPS Registration District No. 678
 (b) Township S.T. JAMES Primary Registration District No. 5904
 (c) City S.T. JAMES (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GEORGE HENRY ESSMAN 255
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOWED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 29 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 10 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MERCHANT
 9. Industry or business in which work was done, as saw mill, bank, etc. STORE
 10. Date deceased last worked at this occupation (month and year) JULY 27 11. Total time (years) spent in this occupation LIFE TIME

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BLAND MO

13. NAME George Henry Essman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blount Mo

15. MAIDEN NAME Annie Lucie Seaman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Oscar Essman (ADDRESS) Blount, Mo

18. BURIAL, CREMATION, OR REMOVAL Union Cem. PLACE Blount, Mo DATE 7-26-1938

19. FUNERAL DIRECTOR W. F. Estlin (ADDRESS) Quenewills Mo

20. FILED 7-24-1938 Blair B. Hout Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1938

22. I HEREBY CERTIFY, that I attended deceased from June 1936 to July 24 1938
 (Last saw him alive on July 24 1938 Death is said to have occurred on the date stated above, at 6 a.m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
Ch Myocarditis
 Date of onset _____

Other contributory causes of importance: _____

Name of operation nil Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) E. A. Scott, M. D.
St. James Hospital
Blount Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)