

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.

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

6325
 Do not use this space.

27
2
2

1. PLACE OF DEATH

(a) County COOPER / Registration District No. 218
 (b) Township _____ / Primary Registration District No. 3015 Registered No. 30
 (c) City BOONVILLE (d) Street No. ST. JOSEPH'S HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 BERNARD ESSER III

(a) Residence, No. SHAMROCK HEIGHTS St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF INFANT
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 24, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hra. or ...min. 0 0 0 5 min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. INFANT
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) BOONVILLE (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME GEORGE BERNARD ESSER II
 14. BIRTHPLACE (CITY OR TOWN) BOONVILLE (STATE OR COUNTRY) MISSOURI

MOTHER 15. MAIDEN NAME MILDRED OWENS
 16. BIRTHPLACE (CITY OR TOWN) TEXARKANA (STATE OR COUNTRY) ARKANSAS

17. INFORMANT G. B. ESSER (ADDRESS) BOONVILLE, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE CATHOLIC CEMETERY DATE FEB. 25, 1939

19. FUNERAL DIRECTOR (NAME) STEGNER & KOERNIG (ADDRESS) BOONVILLE, MO.

20. FILED Feb 25, 1939 D. Cooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1939, to Feb 24, 1939

I last saw him alive on Feb 24, 1939 Death is said to have occurred on the date stated above, at 3:45pm
 The principal cause of death and related causes of importance were as follows:

Prematurity
(6 1/2 months gestation)

Date of onset

Other contributory causes of importance:

154'

Name of operation none Date of _____
 What test confirmed diagnosis clinical Was there an autopsy? no

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? no
 If so, specify _____ (Signed) T. C. Beckett, M. D.

(Address) Boonville, MO.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/6/39

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.....
Licensed Embalmer No.....
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.