

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1394
Registrar's No. 329

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH: 2
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 612 Dartmouth Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Yrs. (Specify whether years, months or days)

8. (a) PRINT FULL NAME Lydia Esell
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife Samuel Esell 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept - 16 - 1860
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 0 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry of business

MOTHER FATHER
12. Name Jacob Longenecker
13. Birthplace Penn
14. Maiden name Lydia Howalter
15. Birthplace Shuman, Stoltsburg Penn
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lillian M. Stoltsburg

(b) Address 612 West - Dartmouth Rd. Penn

17. (a) Burial (b) Date thereof: Olatche Kas.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director J. C. Gulein

(b) Address Olatche Kas.

19. (a) Jan 26, 1940 (b) M. C. Brown
(Date received local registrar) (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. 612 Dartmouth Rd
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1940 hour _____ minute 3 P. M.

21. I hereby certify that I attended the deceased from Jan 16
_____, 1940, to Jan 26, 1940
that I last saw her alive on Jan 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Tuber Pneumonia Duration _____
Due to 108

Due to _____
Other conditions Senility
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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)
(e) Means of injury _____

23. Signature H. C. Trappe (M. D. or other) no
Address 1022 Argyle St. Date signed 1/26/40

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

REV. 8-17-39 1 X1951

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.

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: *N. L. Eldridge*

Licensed Embalmer No. *3948*

P. O. Address *Olathe Kas.*

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, above space should be left blank.