

Registration District No. 547Primary Registration District No. 3079Registrar's No. 113

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Harrison
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ST Elizabeth Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 29 (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME ANNA M. ESSIG 220

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced6. (b) Name of husband or wife Jake 6. (c) Age of husband or wife if alive _____ years
Bindell (Deceased)7. Birth date of deceased May 25 1873
(Month) (Day) (Year)8. AGE: Years 66 Months 9 Days 26 If less than one day hr. _____ min. _____9. Birthplace Harrison MO
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Own home12. Name Peter Essig 618. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Elmaize Holtzman15. Birthplace Harrison MO
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Carnie Ward(b) Address 913 Bluff Harrison Mo17. (a) Burial (b) Date thereof March 25-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation MT Olive Cem.18. (a) Signature of funeral director James O'Connell(b) Address Harrison, Mo19. (a) 3-29-40 (b) WCA
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
 (c) City or town Harrison
 (If outside city or town limits, write "RURAL")
 (d) Street No. 913 Bluff
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1940 hour 9 minute 9 M.21. I hereby certify that I attended the deceased from June 29, 1938 to March 22, 1940
that I last saw her alive on March 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Duration

Due to Chronic Hepatitis Chronic Hepatitis
Arterio Sclerosis Arterio SclerosisDue to Chronic suppurative Hypertension
HypertensionOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations NoneOf autopsy None

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?
498
 While at work? _____ (Specify type of place)
 (a) Means of injury _____

23. Signature B. L. Murphy (M. D. or other) MD
Address Harrison, Mo Date signed 3-29-40

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 *Michael J. Alfonso*.....

Licensed Embalmer No. *3246*.....

P. O. Address *Anniston, Ala*.....

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.