

FILED AUG 19 1940

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

25148
Do not use this space.

1. PLACE OF DEATH
 (a) County Gentry Registration District No. 311 4187
 (b) Township _____ Primary Registration District No. 3-430 Registered No. _____
 (c) City Gentry (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) 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 255 David Huston Essman
 (a) Residence, No. Gentry Mo 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 7 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>83</u>	<u>4</u>	<u>11</u>	

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.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virg.

FATHER

13. NAME William Essman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cain Illinois

MOTHER

15. MAIDEN NAME Sarah Green
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. Mo.

17. INFORMANT Wm. Essman (ADDRESS) Gentry

18. BURIAL, CREMATION, OR REMOVAL PLACE New Friendship DATE June 20 1940

19. FUNERAL DIRECTOR Brooks Funeral Home (ADDRESS) Albany, Mo.

20. FILED Aug 9 1940 Wm. Essman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18-40 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1 1940, to June 18 1940
 I last saw him alive on June 18 1940. Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Prostate
 Date of onset _____

Other contributory causes of importance:
Old age

Name of operation Physical Date of _____
 What test confirmed diagnosis? _____ 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 Charles Williamson
 (Signed) Gentry Mo M. D.

283 (Address) _____

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 import

RECEIVED
District Health Officer No. 11,
District File Number 840-1914
FILED AUG 15 1940

STATEMENT BY LICENSED EMBALMER

I, Clifford Brooks, Licensed Embalmer No. 3329

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

L. E.

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

working under my personal supervision.

Signed

Clifford Brooks

Licensed Embalmer No. 3329

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.)