

FILED APR 21 1941

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

11825

Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 740
 (b) Township Crooked Bend Primary Registration District No. 5175
 (c) City Hardin Rural (d) Street No. 1 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

ESYEY, JOHNATHAN
 (a) Residence, No. 0 St. 0
 (Usual place of abode, if no street address, write county or city) (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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-13-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 7 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) Hardin Ray Co. Mo.
 (STATE OR COUNTRY) Mo.

13. NAME S. P. ESYEY

14. BIRTHPLACE (CITY OR TOWN) Edgar Co. INDIANA
 (STATE OR COUNTRY) INDIANA

15. MAIDEN NAME MARY ROSELLE

16. BIRTHPLACE (CITY OR TOWN) KENTUCKY
 (STATE OR COUNTRY) KENTUCKY

17. INFORMANT J. P. Esyey
 (ADDRESS) Hardin Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lumbert DATED 3-31 1941

19. FUNERAL DIRECTOR (NAME) John W. Kirk
 (ADDRESS) Hardin Mo.

20. FILED Ma. 31 1941 R. W. Willeford
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29 1941

22. I HEREBY CERTIFY, That I attended deceased from Mar 22 1941, to Mar 29 1941

I last saw him alive on Mar 29 1941. 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:

Cirrhosis of Liver
Jaunderic 1 month -
Arterio Sclerosis

Date of onset

2 yrs10 yrs

Other contributory causes of importance:

Bad teeth -
Arterio Sclerosis

Name of operation no Date of no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no

(Signed) Marion Davis M. D.
 (Address) Hardin, Mo.

RECEIVED
District Health Officer No. 8,
District No. 8,
74-10-7

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed John W. Knipschild.
Licensed Embalmer No. 2789
P. O. Address Hardin Mo

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 740

Primary Registration District No. 5975

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Crossed River T. P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Esrey Johnathan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 76 Months 7 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Mar. 31-1941 (b) R. L. Wilford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray
(c) City or town Hardin Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him/her _____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 Maryn Grimes (M. D. or other) _____

Address Hardin _____ Date signed _____

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MOTHER FATHER

11825

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 comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.