

FILED AUG 1 1941

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

25799

Do not use this space.

## 1. PLACE OF DEATH

(a) County Perry Registration District No. 12-3-969  
 (b) Township Union Primary Registration District No. 4067-5877 Registered No. 779  
 (c) City Union (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

George A Esters  
 (a) Residence, No. Old Appleton Mo St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bernada Gull</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31 / 1865</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>7</u>	DAYS <u>24</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Stone Mason</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>San labor</u>		
10. Date deceased last worked at this occupation (month and year) <u>8 years ago</u>		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bill Ester</u>		
13. NAME <u>Bill Ester</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no history</u>		
15. MAIDEN NAME <u>Harriet Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Quinn King</u>		
17. INFORMANT (ADDRESS) <u>Willard Esters</u> <u>Old Appleton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old Appleton</u> DATE <u>July 28 1941</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Perrall</u>		
20. FILED <u>July 29 1941</u> <u>Mrs. Flora Bauman</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1941

22. I HEREBY CERTIFY, That I attended deceased from July 1 1941, to July 27 1941  
 I last saw him alive on 2 July 28 1941 Death is said to have occurred on the date stated above, at 8:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Motor Paralysis Date of onset \_\_\_\_\_  
Chronic Nephritis  
 Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. Miller M. D.  
 (Address) Old Appleton Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X14020

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

*Frank Sparks*

Licensed Embalmer No.

*3455*

P. O. Address

*Cape Guardsw*

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.