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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED SEP 15 1941 STANDARD CERTIFICATE OF DEATH

State File No. 28669

Registration District No. 448

Primary Registration District No. 5608

Registrar's No.

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

1. PLACE OF DEATH:

(a) County. LACLEDE
(b) City or town. CONWAY Union
(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 1 YR _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME JAMES C ESTHER

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 MARRIED
6. (b) Name of husband or wife ROSA ALEXANDER 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased OCT 12 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>10</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace LACLEDE CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation 5 FARMER

11. Industry or business OLD AGE PENSIONER

12. Name JOSEPH C ESTHER

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

14. Maiden name CLARICA HOGUE

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

16. (a) Informant Joe Esther
(b) Address Lebanon Mo.

17. (a) Burial (b) Date thereof 9-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON

18. (a) Signature of funeral director PALMERS
(b) Address LEBANON MO.

19. (a) 9-5-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE
(c) City or town CONWAY
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 3
year 1941 hour 4 minute A M.
21. I hereby certify that I attended the deceased from with with
_____ 19____ to _____ 19____
that I last saw him alive on September _____ 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Old Age Debases
Due to Hardening of arteries
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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?
While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Lebanon Mo. Date signed 9/5/41

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1657

Date Filed 9-10-41

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

Allyn Dethridge

Registered Apprentice No. 294

working under my personal supervision.

Signed R. O. Palmer

Licensed Embalmer No. 1161

P. O. Address St. Louis 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, fact should be so stated above.