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41  
39  
26330

FILED OCT 15 1941  
Registration District No. 874

Primary Registration District No. 4490

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

1. PLACE OF DEATH:

(a) County: Scott  
(b) City or town: BENTON, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 2 if  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Scott  
(c) City or town: Benton, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No.: \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME: Adam ESSNER

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No.: \_\_\_\_\_

20. DATE OF DEATH: Month Sept, day 30, year 1941, hour \_\_\_\_\_, minute 30 M.

21. I hereby certify that I attended the deceased from Sept. 29 to Sept 30, 1941, that I last saw him alive on Sept 30, 1941, and that death occurred on the date and hour stated above.

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: Widow  
6. (b) Name of husband or wife: Elizabeth (Deceased) (Mar) 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: Nov 10 1857  
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage  
Due to: ruptured blood vessel  
Due to: \_\_\_\_\_

8. AGE: Years 84 Months 6 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions: Atherosclerosis, - Chronic Bright's  
(Include pregnancy within 3 months of death)

9. Birthplace: Canton, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: 131'f

11. Industry or business: \_\_\_\_\_

12. Name: Nicholas Essner

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

14. Maiden name: Margaret Essner

15. Birthplace: Uniontown, Pa  
(City, town, or county) (State or foreign country)

16. (a) Informant: Andrew H. Allen

(b) Address: Benton, Mo.

17. (a) Burial (b) Date thereof: Oct-2-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Benton, Mo.

18. (a) Signature of funeral director: Adrian Eelen

(b) Address: 115 E. Benton, Mo.

19. (a) Oct 1 - 1941 (b) Margaret Essner  
(Date received local registrar) (Registrar's signature)

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: A. W. Ferguson (M. D. or other)  
Address: Benton, Mo. Date signed: Oct 1 - 41

RECEIVED

District Health Office No. 2,

District File Number 1041-1414

Date Filed 10/13/41

**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 Sept 20

.....Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4218

P. O. Address Siberton, 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.**