

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

NOV 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33163

State File No. _____

Registration District No. _____

Primary Registration District No. 3-0-6-51-20

Registrar's No. 227

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Ellis Fischel State Cancer Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 15 days
(Specify whether years, months or days)

In this community 1 month 15 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon ¹⁰⁸

(c) City or town Rural
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. Horton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CLARENCE H. ESKELMAN

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex Male 5. Color or race W.

6. (b) Name of husband or wife Eva 6. (a) Single, widowed, married, divorced married

7. Birth date of deceased August 17 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 0 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name H. Eshelman

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

14. Maiden name Mandy E. Eshelman

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

16. (a) Informant Hospital Record

(b) Address Columbia Mo.

17. (a) Removal (b) Date thereof 10-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newark Mo.

18. (a) Signature of funeral director Barber Funeral Service

(b) Address Columbia Mo.

19. (a) 10-17-1942 (b) E. D. H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
year 1942 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from September 2 1942, to October 17 1942; that I last saw him alive on October 17 1942; and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma Larynx ^{6 M}

Due to Metastases to Cervical

Due to Lymph Nodes

Other conditions Neurotoxic pneumonia
(Include pregnancy within 3 months of death)

Major findings: H7a

Of operations _____

Of autopsy Carcinoma Larynx

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature W. H. H. M. D. (M. D. or other)

Address General Hospital Columbia Mo. Date signed 8/17/42

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

10
2
4

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. *7132*

P. O. Address *Columbia*

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.