

10 AUG 3 1943

149

Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether)

In this community 20 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3926 East 12th. Street Terrace
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dora E. Esler

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th.
year 1943 hour 1 minute 10 A. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1 25 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1943 to July 13, 1943
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

71 5 18 _____ hr. _____ min.

Immediate cause of death Bilateral lobar pneumonia (8x)
Duration _____

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

Due to _____

Due to _____

10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) Myocardial infarction

11. Industry or business _____

PHYSICIAN _____

MOTHER FATHER { 12. Name Martin V. Esler

Major findings: Of operations _____

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

Of autopsy _____

14. Maiden name Elizabeth Aull

Underline the cause to which death should be charged statistically.

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mr. H. A. Esler

(a) Accident, suicide, or homicide (specify) _____

(b) Address 3675 Madison

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 7-15-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)

(c) Place: burial or cremation Mt. Washington

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City

While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) 7-15-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature E. P. [Signature] (M. D. or other) AD
Address 3701 1/2 E 8th Date signed 7-13-43

Dr. Moore
12th & Benton
Ch. 1247
232
Attended in hospital with
patient in last year's work

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

Signed W. S. Nixon
.....
Licensed Embalmer No. 2570
P. O. Address Kansas City, 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.