S. No. 2
—9-4-41

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1943

Registration District No. 71

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3012

State File No. 24716

Registrar's No. 296

**1. PLACE OF DEATH:**

(a) County: Clay

(b) City or town: Excelsior Springs, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr, 3 months, 22 days. (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Jackson 3

(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 1114 West 20th Street,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: ESKEW, George Henry

3. (b) If veteran, name war: World

3. (c) Social Security No.: 702-12-2123

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: October (Month) 7 (Day) 1891 (Year)

8. AGE: Years 51 Months 9 Days 10 If less than one day hr. min.

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

10. Usual occupation: Maintenance Welder and Blacksmith

11. Industry or business:

FATHER
12. Name: John W. Eskew
13. Birthplace: — (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Sarah Hoffman
15. Birthplace: Dungas County (City, town, or county) ? (State or foreign country)

16. (a) Informant: Hospital Records, Veterans Administration Facility, Excelsior Springs, Mo.
(b) Address:

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Kansas City, Mo.

18. (a) Signature of funeral director: Herbert Hope
(b) Address: HERBERT HOPE, Excelsior Springs, Mo.

19. (a) 7-18-43 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 17 year 1943 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from March 25, 1942, to July 17, 1943, that I last saw him alive on July 17, 1943, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Tuberculosis, pulmonary, chronic, far advanced, active, Class IV. | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death): Tuberculous laryngitis. Diabetes Mellitus. | |

Major findings:
Of operations
Of autopsy: No autopsy

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: Bernard Jaffe (M. D. or other) M.D.
BERNARD JAFFE, Officer of the Day
Address: Veterans Administration, Excelsior Springs, Mo. Date signed 7-17-43

RECEIVED
District Health Officer No. 6,

District File Number

Date Filed 8-3-43

JUN 6 1943

AUG 11 1943

**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 James G Moles

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs

**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.**