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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24851

State File No.

FILED JUL 24 1943

Registration District No. 4

Primary Registration District No. 5418

Registrar's No. 23

1. PLACE OF DEATH:

(a) County DUNKLIN

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

(c) Name of hospital or institution: MALDEN AIR BASE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 HOURS (Specify whether years, months or days)

In this community 4 HOURS

2. USUAL RESIDENCE OF DECEASED: 999

(a) State PENN. (b) County 36 0

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

(d) Street No. 2016 ORTHODOX ST.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME DONALD JAMES ESPIEG

3. (b) If veteran, name war NO.

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive NO. years

7. Birth date of deceased MAY (Month) 5 (Day) 1942 (Year)

8. AGE: Years 1 Months 1 Days 11 If less than one day ___ hr. ___ min.

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

10. Usual occupation INFANT

11. Industry or business NONE

MOTHER FATHER

12. Name OSCAR W. ESPIEG

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

14. Maiden name EFFIE SMITH

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

16. (a) Informant OSCAR W. ESPIEG

(b) Address 315 HOPPER KENNETT, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation OAKLAND CEMETERY

18. (a) Signature of funeral director DAY FUNERAL HOME

(b) Address MALDEN, MO.

19. (a) 6-17-43 (Date received local registrar) (b) P D Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 16 year 43 hour 1 PM minute 12 M.

21. I hereby certify that I attended the deceased from about 10 00 PM 6-16, 1943, to 1 PM, 6-16, 1943; that I last saw him alive on 10 00 PM 6-16-43, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Dissenting non specific, with dehydration quite severe	1 wk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of 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 J Howard Gilbert (M. D. or other) MC

Address Malden Air Base Date signed 6-17-43

1288

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 743-870
Date Filed 7-19-42

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 J. G. Scherman

Licensed Embalmer No. 4086

P. O. Address Malden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.