

FILED SEP 2 1943 74  
Registration District \_\_\_\_\_

Primary Registration District No. 3052

Registrar's No. 265

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:  
1420 S Osage  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 43 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis

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

(d) Street No. 1420 S Osage  
(If rural, give location)

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

3. (a) PRINT FULL NAME Carl Oscar Espelin

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 487.16.5949

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Elsie Espelin 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct. 12 1878  
(Month) (Day) (Year)

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

64 10 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Sweeden 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Rail Road

MOTHER FATHER

12. Name Carl Gustave Espelin

13. Birthplace Sweeden 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Sweeden 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Espelin Sedalia Mo.

(b) Address \_\_\_\_\_

17. (a) burial (b) Date thereof Aug. 23 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia Mo.

19. (a) 8/21/43 Malenna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20th  
year 1943 hour 9 minute 48a M.

21. I hereby certify that I attended the deceased from over 3  
months 19\_\_\_\_, to Aug 20 1943;  
that I last saw him alive on Aug 20th 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Duration 10 min

Due to Chronic Myocarditis over

Due to \_\_\_\_\_ 2 mos

Other conditions Hypertension ?  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none 93d

Of autopsy none

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) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? no  
(City or town) (Country) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature J. W. B. Dalles M.D. (M. D. or other) \_\_\_\_\_  
Address Sedalia Mo Date signed 8.20.43

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

SEP 3 1943

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 9-2-43

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia

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.