S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19323

Registration District No. 351 Primary Registration District No. 6189 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Taney Co
(b) City or town [illegible] Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Near Taneyville Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Taney
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Taneyville Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Jackson W. Essary
3. (b) If veteran, name war none
3. (c) Social Security No. None
4. Sex M.
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 8 (Day) 1868 (Year)
8. AGE: Years 75 Months 8 Days 18 If less than one day hr. min.
9. Birthplace Lockede Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Jack Essary
13. Birthplace unknown Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Rose Essary
(b) Address Taneyville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29 44 (Month) (Day) (Year)
(c) Place: burial or cremation Taneyville Cemetery
18. (a) Signature of funeral director Roller Funeral Home
(b) Address Taneyville Mo
19. (a) 2/3/44 (Date received local registrar) (b) Denise Forsyth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 26th year 1944 hour 730 minute A M.
21. I hereby certify that I attended the deceased from March-25-, 1944, to March-26-, 1944; that I last saw him alive on March-25, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Dilatation of heart	✓
Due to Chronic Myocarditis	✓
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

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 D. Warren W. Wilson (M.D. or other) #4460
Address Sparta, Mo. Date signed 4/7/44

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(Licensed Embalmer's Statement on Reverse Side)

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 Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Warrensville

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.