S. No. 2
OM—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24383

State File No.

FILED AUG 15 1944

Registration District No.

Primary Registration District No. 5236

Registrar's No. [redacted] 42

20
0
0

1. PLACE OF DEATH:

(a) County Cedar

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. BOX TOWNSHIP
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME BONITA CAROLINE ESLINGER

3. (b) If veteran, name war

3. (c) Social Security No. None

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 July (Month) 19 (Day) 1944 (Year)

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Marvin Eslinger
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Belva F Barrett
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Marvin Eslinger
(b) Address El Dorado Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 44 (Month) (Day) (Year)
(c) Place: burial or cremation Clintonville Mo

18. (a) Signature of funeral director Gwinn Siders
(b) Address El Dorado Springs Mo

19. (a) 7/26/44 (Date received local registrar) (b) L. T. Dunaway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 19th 1944 to July 21 1944
that I last saw her alive on July 20 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

8 3a1

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 C. H. Sanderwith D.O. (M. D. or other)
Address El Dorado Spgs Date signed 7-21-44

1046

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-44-963
Date Filed 8-14-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed ~~by me, or by~~ ..... ~~Registered Apprentice No.~~ ..... ~~working under my personal supervision.~~

Signed [signature]

Licensed Embalmer No. 2024

P. O. Address Eldorado Springs 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.