

FILED DEC 22 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Research Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1-week
 In this community 1-week
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Washington
 (c) City or town Deerway
 (If outside city or town limits, write "RURAL")
 (d) Street No. 34
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Fred Thompson Esser

3. (b) If veteran, name war World War I 3. (c) Social Security No. 495-07-4987

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
 year 1944 hour 4 minute 45A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hattie Esser 6. (c) Age of husband or wife if alive 35 2 years

7. Birth date of deceased Feb 16 1889
 (Month) (Day) (Year)

Immediate cause of death General Carcinomatosis Duration 1 mo.
 Due to Carcinoma of Colon lip 15 mo.

8. AGE: Years Months Days If less than one day
55 9 23 hr. min.

Due to _____
 Other conditions (include pregnancy within 3 months of death) 450

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

10. Usual occupation Electrician

11. Industry or business Fowey Portland Cement Co.

12. Name Fred Esser

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

14. Maiden name Mary Thompson

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

16. (a) Informant Jewell Richards

(b) Address Lepton Mo

17. (a) Burial (b) Date thereof 12-11-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo

18. (c) Signature of funeral director J. W. Wagner

(b) Address Kansas City

19. (a) 12-9-44 (b) T. E. Brown
 (Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
 Of autopsy none

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? _____

While at work? (Specify type of place) (c) Means of injury 0

23. Signature A. C. Hume M.D. (M. D. or other)
 Address Lepton Mo Date signed 12/9/44

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

100000

MOTHER, FATHER

SEP 5 1958

MAR 27 1958

DEC 26 1949

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 A. R. Hainschell

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.