

No. 2
8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED FEB 15 1946 STANDARD CERTIFICATE OF DEATH

2814

State File No. _____

Registration District No. 133

Primary Registration District No. 5490

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town New Hampton Rural White Center
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Three mile East of New Hampton
(If not in hospital or institution, write street number or location)

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

In this community 12 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

(c) City or town New Hampton Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Three mile East of New Hampton
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Etta Esler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1946 hour 12 minute 5 P.M.

21. I hereby certify that I attended the deceased from
Jan 29 1946, to Jan 29 1946
that I last saw her alive on Jan 29 1946
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Daniel Howard Esler

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased: Jan 12 1890
(Month) (Day) (Year)

Immediate cause of death _____
Cerebral Apoplexy

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 830

8. AGE: Years 56 Months _____ Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Francis M. Ford

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

14. Maiden name Emily Oles

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant D. H. Esler

(b) Address New Hampton

17. (a) Burial (b) Date thereof Feb 1 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Washington

18. (a) Signature of funeral director W. G. Noble

(b) Address New Hampton Mo

19. (a) Jan 31-46 (b) Zola Burris
(Date received local registrar) (Registrar's signature)

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 R. L. Green (M. D. or other) P.O.

Address New Hampton Date signed 1/31/46

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed W H Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.