

FILED JAN 25 1946

State File No. _____

Registrar's No. 94

Registration District No. _____

Primary Registration District No. 4286

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town La Grange
(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 _____
In this community 80 Years 11 Months 20 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56
(c) City or town La Grange 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 28
year 1945 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from NOV 27, 1945, to NOV 28, 1945; that I last saw her alive on NOV 28, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: CEREBRAL HEMORRHAGE

Duration

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature: W. F. E. Lewis M.D. (M. D. or other)
Address: La Grange, Mo. Date signed: 1/30/46

3. (a) PRINT FULL NAME Catherine Elizabeth Esslinger

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John W. Esslinger 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased: December 8th, 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Henry Willbalm

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

14. Maiden name Catherine Figge

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

16. (a) Informant Russell Mores

(b) Address La Grange, Missouri

17. (a) Burial (b) Date thereof 11/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Grange, Missouri

18. (a) Signature of funeral director [Signature]

(b) Address La Grange, Missouri

19. (a) 12-7-45 (b) P. W. Jennings M.D.
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

6761 28 NMT

RECEIVED
District Health Officer No. 10
District File Number 1-46-82
Date Filed JAN. 23. 1948

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.....

A.A. Roberts

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1626

P. O. Address La Grange, Missouri.

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.