

S. No. 2
M-5-43
5-17-39
X38671

FILED APR 6 1946

Registration District No. **17** Primary Registration District No. **4231**

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Mountain view
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 3 1/2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Henry Essig

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 13
year 1946 hour 9 minute 30 a.m.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Etta M Essig 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Jan 21 1890
(Month) (Day) (Year)

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.

Immediate cause of death Gunshot wound, small rifle placed in mouth and fired, bullet passing upward into brain.

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>1</u>	<u>20</u>	hr. _____ min.

Due to _____

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

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

10. Usual occupation railroading

11. Industry or business _____

MOTHER FATHER

12. Name George Essig

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

14. Maiden name unknown

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Robert Essig

(b) Address Mountain view, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 15 46
(Month) (Day) (Year)

(c) Place: burial or cremation Mtn View City Cem.

18. (a) Signature of funeral director Joe B. Berman

(b) Address Mountain view, Mo.

19. (a) 3/17/46 (Date received local registrar) (b) Laura Melville (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence March 13, 1946

(c) Where did injury occur? Mtn. View, Howell, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? no (Specify type of place) (e) Means of injury 22 rifle

23. Signature Mayne C. Thornburgh Coroner 3
Address West Plains, Mo. Date signed 3/14/46

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

815A

126

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

Joe R. Duncan

Licensed Embalmer No. *4325*

P. O. Address. *Mt. View, 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.