

FILED MAR 28 1947

Registration District No. **275**

Primary Registration District No. **5943**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County **Phelps**

(b) City or town **near Spring Creek**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

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

In this community **30 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Phelps**

(c) City or town **near Spring Creek**
(If outside city or town limits, write "RURAL")

(d) Street No. **near Spring Creek**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **BLANCHE VA ESMOND**

3. (b) If veteran, name war **L**

3. (c) Social Security No. **✓**

4. Sex **Female** 5. Color or race **W**

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

6. (b) Name of husband or wife **Henry D. Esmond** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **June 13 1877**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	9	-	hr. min.

9. Birthplace: **Sherrill Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **housewife**

11. Industry or business: _____

12. Name: **Christopher Katter**

13. Birthplace: **not known New York**
(City, town, or county) (State or foreign country)

14. Maiden name: **Blanche Parson**

15. Birthplace: **not known**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Walter Esmond**

(b) Address: **Spring Springs, Mo.**

17. (a) Burial: **buried** (b) Date thereof: **3-14-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Burial Cem.**

18. (a) Signature of funeral director: **Smith & Ferguson**

(b) Address: **Spring Springs, Mo.**

19. (a) 3-21-47 (b) **Natalie L. Staal**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **13** year **1947** hour **9** minute **a.** M.

21. I hereby certify that I attended the deceased from **May 1946** to **Feb 13 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic nephritis and diabetes mellitus**

Duration: **4 1/2 yrs**

Due to _____

Due to _____

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

Major findings: _____

Of operations: **10**

Of autopsy: _____

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) (Specify means of injury)

23. Signature: **W. D. Reed** (M. D. or other) _____

Address: **Spring Springs, Mo.** Date signed: **3/13/47**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

380

(Licensed Embalmer's Statement on Reverse Side)

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.....

Not Emb
.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed *Robert E. Ferguson*
.....

Licensed Embalmer No. *31945*
.....

P. O. Address *Lecky Md*
.....

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.