No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31717

FILED OCT 8 1947

Registration District No. 583

Primary Registration District No. 5655

Registrar's No. 138

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 472 (Specify whether years, months or days)
In this community 472

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster 112
(c) City or town Marshfield 1
(If outside city or town limits, write "RURAL")
(d) Street No. [redacted] 0
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country K.

3. (a) PRINT FULL NAME Robert Grant Eslick

3. (b) If veteran, name war No

3. (c) Social Security No. 446-09-4684

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Marie Eslick

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased July (Month) 2 (Day) 1912 (Year)

8. AGE:

Years	Months	Days	If less than one day
35	2	6	x hr. x min.

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

10. Usual occupation Farming

11. Industry or business x

FATHER
12. Name Henderson Mack Eslick
13. Birthplace Marshfield (City, town, or county) Missouri O (State or foreign country)

MOTHER
14. Maiden name Lydia Ellen Barnhart
15. Birthplace Marshfield, (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon, Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 9-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Marshfield

18. (a) Signature of funeral director [illegible]
(b) Address Marshfield Mo

19. (a) 9-11-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8th year 1947 hour 9:55 minute A M.

21. I hereby certify that I attended the deceased from May 24, 1946 to Sept. 8, 1947 that I last saw him alive on Sept. 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Far Advanced Pulmonary Tbc.	Abt. 6 yrs.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Y. F. Figlearn (M. D. or other) M.D.
Address Mount Vernon, Missouri Date signed 9-8-47

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1947
RECEIVED
District Health Officer No. 6,
District File Number 947-10[redacted]
Date Filed SEP 30 1947

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 [illegible]

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.