

No. 2  
12-45  
17-39  
X47070

FILED JAN 7 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. **5570**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Buckner - Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3 mi. W. - at Lake City**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community = **3 yrs** = \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**  
(c) City or town **Buckner Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Lake City - 3 mi west**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Elizabeth J. Esslin**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex **F m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **widow**  
(b) Name of husband or wife **Charles m** (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **April 25 1866**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **8** Days **5** If less than one day hr. min.

9. Birthplace **Pittsburgh Penn**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Home wife**

11. Industry or business \_\_\_\_\_  
12. Name **E. Curry**  
13. Birthplace **Penn**  
(City, town, or county) (State or foreign country)  
14. Maiden name **McGowan**  
15. Birthplace **Penn**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Max Price**  
(b) Address **Buckner Mo. R.F.D.**

17. (a) **Burial** (b) Date thereof **1-2-48**  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) **Mountain Grove - Independence Mo**

18. (a) Signature of funeral director **Wm G P Webb, Sr**  
(b) Address **Blue Springs Mo**

19. (a) **12-31-47** (b) **V W Reppert**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **30** year **1947** hour **6:30 A** minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **July 10** 19**45** to **Dec 30** 19**47**  
that I last saw her alive on **Dec 29** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia**  
Due to **myocardial degeneration**

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **g p d**  
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)  
(e) Means of injury **2**

23. Signature **J W Higgins** (M.D. or other) **g p d**  
Address **Buckner Mo** Date signed **12/30/47**

Duration

**3 days**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

---

**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.....

*ROB Weft*

Licensed Embalmer No.....

*235-3*

P. O. Address.....

*Blue springs Fla*

**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.**