S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 22 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2480

Registrar's No. 414

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Frisco Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-11-48 (Specify whether

In this community yes years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

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

(d) Street No. — (If rural, give location) N R

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

If yes, name country —

3. (a) PRINT FULL NAME Roy E. Essman

3. (b) If veteran, name war No

3. (c) Social Security No. Not Known

4. Sex M C

5. Color or race W

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

6. (b) Name of husband or wife Mayme Lee Essman

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Feb (Month) 3 (Day) 1904 (Year)

8. AGE: Years 43 Months 11 Days 9 If less than one day — hr. — min.

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

10. Usual occupation Telegrapher

11. Industry or business B R

FATHER
12. Name J. H. Essman
13. Birthplace South Webster Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bertha Mae Adams
15. Birthplace Newbury Indiana (City, town, or county) (State or foreign country)

16. (a) Informant John Essman

(b) Address St. Des Moines Iowa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-48 (Month) (Day) (Year)

(c) Place: burial or cremation St Des Moines Iowa

18. (a) Signature of funeral director Shaffer Funeral Home

(b) Address Sullivan, Mo. Ton Blvd.

19. (a) JAN 14 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1948 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 11 1947 to Jan 12 1948 that I last saw him alive on Jan 12 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to hypertension

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

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 Hugh L Stanton (M. D. or other)

Address Frisco Hospital Date signed Jan 12 1948

(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1948

No Embalm

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.....

Licensed Embalmer No.....

P. O. Address.....

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.