. S. No. 2
OM—1747
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35492

Registration District No. FILED NOV 23 1948 Primary Registration District No. 5017 Registrar's No. 294

2
0
0

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Nodaway Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 mi East Savannah
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew 2
(c) City or town Rural 1 mi E. Savannah 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (~~Yes~~ or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME John Esely
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April (Month) 11 (Day) 1866 (Year)

8. AGE: Years 82 Months 6 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Burn Switzerland 5
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER
12. Name John Esely 5
13. Birthplace Burn Switzerland
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Appex
15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)
16. (a) Informant John Esely Jr
(b) Address Savannah Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah
18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah Mo
19. (a) 11-7-48 (Date received local registrar) (b) Lillian Sparks (Registrar's signature) 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6
year 1948 hour 10 minute 40 P. M.
21. I hereby certify that I attended the deceased from Nov 1, 1948, to Nov 6, 1948
that I last saw him alive on 11-6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary heart flow Arterio sclerosis	
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 94W

PHYSICIAN
Underline the cause of 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 0
23. Signature P. P. Kelley (M. D. ~~or other~~)
Address Savannah Mo Date signed 11-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.