

State File No. 12541

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural (Clay Township)		c. LENGTH OF STAY (In this case) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Clay township)		1370	
d. FULL NAME OF HOSPITAL OR INSTITUTION family home				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Emma		a. (First) G.		b. (Middle) Essman		c. (Last)	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Feb. 16-1861	
9. AGE (In years last birthday) 89		10. UNDER 1 YEAR Months 2 Days 0		11. UNDER 1 WEEK Hours 0 Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house-wife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Pope		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Frank Essman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Christ Essman		ADDRESS Bland, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interstitial Nephritis ANTECEDENT CAUSES DUE TO (b) Heart Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 593X	
19a. DATE OF OPERATION 1		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 10		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Orange Co. Jefferson Co. Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 12 1955		21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? Gasconade Co. Clay Twp.			
22. I hereby certify that I attended the deceased from 1-1-1955 to 4-16-1955, that I last saw the deceased alive on 4-16-1955, and that death occurred at 12:15 pm, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. A. Bunge M.D.				23b. ADDRESS Bland, Mo		23c. DATE SIGNED 4-18-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/19/50		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Bland, Gasconade County, Mo.	
DATE REC'D BY LOCAL REG. 4/20/50		REGISTRAR'S SIGNATURE [Signature]		FURNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS [Address]	

RECEIVED 4-24-50
District Health Officer No. 9,
District File Number

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Chester Sassmann

Licensed Embalmer No. 4128

P. O. Address Blond - Inc.

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.