

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8344
State File No. 1153

FILED MAR 29 1952
BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City,		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City,	
c. LENGTH OF STAY (in this place) 45 yrs.		d. STREET ADDRESS (If rural, give location) 3675 Madison	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			

341280

3. NAME OF DECEASED (Type or Print) HENRY A. ESLER		4. DATE OF DEATH (Month) (Day) (Year) 3 - 10 - 52	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-19-52 1881
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chairman	11. BIRTHPLACE (State or foreign country) Nebraska
12. CITIZEN OF WHAT COUNTRY? USA		13. MOTHER'S MAIDEN NAME Elizabeth Aul	

13a. FATHER'S NAME Martin V. Esler	14. NAME OF HUSBAND OR WIFE Virginia R. Esler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 486-01-0573
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frederick B. Esler -320 E. Dartmouth	

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		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Intestinal Obstruction		18 days	
ANTECEDENT CAUSES		DUE TO (b)		21 days	
DUE TO (c)		Obstructive jaundice		5 mos.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				5867	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 16, 1952, to March 10, 1952, that I last saw the deceased alive on March 9, 1952, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE M. Donald McFarland	23b. ADDRESS 315 Nichols Rd	23c. DATE SIGNED 3-10-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-11-52	24c. NAME OF CEMETERY OR CREMATORY Smithville, Mo.	24d. LOCATION (City, town, or county) (State) Smithville, Mo.
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DATE REC'D BY LOCAL REG. 3-11-52	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE	ADDRESS K.C. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

008

Mr. Donald
McFarland
Blount Inn Bldg.
Lo 1533

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed F. L. Walton

Licensed Embalmer No. 2744

P. O. Address H. C. 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.