

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27506

State File No.

National Office of Vital Statistics
FILED SEP 9 1947
Registration District No. 139

Primary Registration District No. 2023

Registrar's No. 196

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry #2

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

(d) Street No. West Franklin St. 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EUGENE, S. ELSNER

3. (b) If veteran, name war no

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 2
year 47 hour 6 P. minute 6 A.M.

21. I hereby certify that I attended the deceased from 1-15 1947, to 9-2 1947
that I last saw him alive on 9-2 1947
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Winnie Elsenor

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May - 3 - 1878
(Month) (Day) (Year)

Immediate cause of death acute dilatation of heart

Due to circulation of liver with ascites

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 9/50

8. AGE: Years Months Days If less than one day

69 3 29 hr. min.

9. Birthplace St. Louis mo
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

12. Name Frank A. Elsenor #4

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Elges
(b) Address Clinton mo

17. (a) Burial (b) Date thereof 9-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Engelwood Cem

18. (a) Signature of funeral director Consalus Beck

(b) Address Clinton mo

19. (a) 9-3-47 (b) R. R. Remy
(Date received local registrar) (Registrar's signature)

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?

(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

23. Signature H. Walker (M. D. or other) M.D.

Address Clinton mo Date signed 9-2-47

Duration 6 hr.

L746

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

Date Filed 9-8-47
District File Number 8-47-1053
District Health Officer No. 7

RECEIVED
SEP 30 1947

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 _____

J. E. Consoled

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.