

JUN 13 1940

Registration District No. 79

Primary Registration District No. 5036

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Rural - Seligman
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Most of life, 73 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Andrew
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME GEORGE ALEXANDER ESS 200

3. (b) If veteran, name war V 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 10 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Davis Co. Ia
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Ess 11
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Jennett Burns
15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Filbert Ess
(b) Address Clark, Mo.

17. (a) Burial (b) Date thereof May 9-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Barnes & Booth
(b) Address Surgeon Mo.

19. (a) May 8-1940 (b) DeRoth 90
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1940 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1939
_____, 19____, to May 7, 1940
that I last saw him alive on May 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration 5 yrs

Due to _____

Due to Mitral Insufficiency 2 yrs

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. R. McEnnis (M. D. or other) 1
Address Surgeon Mo. Date signed 5/8/40

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

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, above space should be left blank.