REC'D AUG 7 - 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25454
Do not use this space.

1. PLACE OF DEATH
(a) County COOPER
(b) Township Pilot Grove
or
(c) City PILOT GROVE
Registration District No. 222
Primary Registration District No. 4135
Registered No. 9
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOSEPH H. ESSER
(a) Residence, No. PILOT GROVE, MISSOURI. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARGARET LANG ESSER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 17 - 1849

7. AGE: YEARS 90 | MONTHS 6 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 1900
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BOONVILLE MISSOURI

FATHER
13. NAME BERTRAM ESSER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME AGNES FELTON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) Mrs. H.L. DAY BLACKWATER, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL
PLACE PILOT GROVE DATE AUG. 1 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) STEGNER - KOENIG BOONVILLE, MISSOURI.

20. FILED July 31 1939 Mrs. E.B. McCutcheon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 30 1939

22. I HEREBY CERTIFY, That I attended deceased from July 28 1939, to July 30, 1939
I last saw him alive on July 29, 1939. Death is said to have occurred on the date stated above, at 2:10 am.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Myocarditis

Date of onset

Other contributory causes of importance: 121

no

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Chas. Sandy, M. D.
260 (Address) Pilot Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

250

RECEIVED
District Fiscal ... No. 8
...istrict File Number 8/4/39
...ate Filed

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.