

OCT 13 1939

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

31340
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson, Registration District No. 399
(b) Township Kaw, Primary Registration District No. 100
(c) City Kansas City, Mo. (d) Street No. St. Joseph Hospital, 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3438

2. PRINT FULL NAME 24.5 Todd Manfred Eshelman,
(a) Residence, No. 508 West 77th St., St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Inez Eshelman,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1889.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 50 3 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Pullman Conductor
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

13. NAME Henry Eshelman,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Eliza Penrod,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio,

17. INFORMANT (ADDRESS) Mrs. Todd M. Eshelman,
508 W. 77th St., K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah, DATE September 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure,
3235 Gillham Plaza, K. C., Mo.

20. FILED 9/2 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 1, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1939 to Sept 1, 1939
I last saw him alive on Aug 31, 1939. Death is said to have occurred on the date stated above, at 12:15am
The principal cause of death and related causes of importance were as follows:

Hypertension
Chronic nephritis
Renal congestion
Date of onset 51
Other contributory causes of importance:
Renal congestion

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

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? _____
If so, specify _____
(Signed) W. J. Jones, M. D.
(Address) 802 E. Paseo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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.

FORM 1-12-38 I X14223

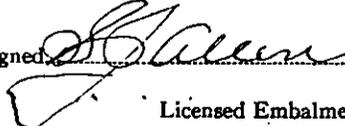
Dr. George James.

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. 1415

P. O. Address Kansas City, 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, above space should be left blank.