

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

35421
Do not use this space.

1. PLACE OF DEATH

(a) County BARTON Registration District No. 40
 (b) Township Lamar Primary Registration District No. 4024 Registered No. 42
 (c) City Lamar or (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) ST _____
 (e) Length of residence in city or town where death occurred 20 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME OPHELIA ESSEX

(a) Residence, No. 102 NORTH 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 FEMALE 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 HENRY ESSEX
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 6, 1866
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 73 2 0
 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. HOUSEWIFE
 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) TENNESSEE

FATHER 13. NAME WILLIAM ROBERTS

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

MOTHER 15. MAIDEN NAME MARY ROSS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

17. INFORMANT MRS. DONA MAE STAKLEY (ADDRESS) DETROIT, MICHIGAN

18. BURIAL, CREMATION, OR REMOVAL PLACE FAIRVIEW CEMETERY DATE 10-8 1939

19. FUNERAL DIRECTOR (NAME) KONANTZ'S (ADDRESS) LAMAR, MISSOURI

20. FILED Oct-7 1939 Miss Josephine Myratt Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER 6 1939

22. I HEREBY CERTIFY, That I attended deceased from October 3 1939 to Oct. 6 1939

I last saw her alive on Oct. 6 1939 Death is said to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Date of onset Oct 5

1939

Other contributory causes of importance:

Fractured right femur (neck) Oct. 1939

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? Lamar, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Fell while walking out on porch
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) C. E. Russell, M. D.

(Address) Lamar, Mo.

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.

I X1663

6
1939

NOV 18 1939

RECEIVED

District Health Officer No. 6,

District File Number 1139-2223

Date Filed NOV 8 1939

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 Sam E. Senceny Jr
Licensed Embalmer No. 4099
P. O. Address Joplin, Missouri

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.