. No. 2
-11-10-39
5-17-39
I X21492

7

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 5 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38564

Registration District No. 218 Primary Registration District No. 5297 Registrar's No. 123

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town BLACKWATER (RURAL)
(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 (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

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

(d) Street No. 2½ MILES EAST OF BLACKWATER
(If rural, give location)

0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME LAWRENCE A. ESSER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife NOVELLA CATON ESSER

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased APRIL (Month) 6 (Day) 1878 (Year)

8. AGE: Years 62 Months 7 Days 12 If less than one day hr. min.

9. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER

0

11. Industry or business FARM

FATHER
12. Name JOSEPH ESSER
13. Birthplace BOONVILLE (City, town, or county) MISSOURI (State or foreign country)

0

MOTHER
14. Maiden name ANNA SCHUSTER
15. Birthplace LAMINE (City, town, or county) MISSOURI (State or foreign country)

0

16. (a) Informant MRS. NOVELLA ESSER
(b) Address BLACKWATER, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 20 1940 (Month) (Day) (Year)

(c) Place: burial or cremation OLD LAMINE CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE, MO.

19. (a) 11-19-40 (Date received local registrar) (b) D. E. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 18th year 1940 hour 10 minute a M.

21. I hereby certify that I attended the deceased from Nov. 17, 1940, to Nov. 18, 1940 that I last saw him alive on Nov. 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Angina Pectoris	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. W. Hurst (M. D. or other) D. O.

Address Blackwater Mo. Date signed Nov. 19-40

(Licensed Embalmer's Statement on Reverse Side)

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, Mo

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

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