No. 2
9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3834

State File No. .....

FILED JAN 3 1943

Registration District No. 37

Primary Registration District No. 4541

Registrar's No. 40.

1. PLACE OF DEATH:
(a) County: WEBSTER
(b) City or town: FORDLAND
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: WEBSTER
(c) City or town: FORDLAND, R
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: MARY, F. FESPERMAN.
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, divorced: WIDOW
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: APRIL (Month) 7 (Day) 1851 (Year)

8. AGE: Years 91 Months 8 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace: MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business .....

FATHER
12. Name: WILLIAM J. JACK.
13. Birthplace: UNKNOWN (City, town, or county) JENN / (State or foreign country)

MOTHER
14. Maiden name: VELMIE BELL.
15. Birthplace: UNKNOWN (City, town, or county) JENN / (State or foreign country)

16. (a) Informant: WILLIAM H FESPERMAN
(b) Address: FORDLAND MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: DEC 28-42 (Month), (Day) (Year)
(c) Place: burial or cremation: PLEASANT HILL
18. (a) Signature of funeral director: KELLEY-FERRELL
(b) Address: FORDLAND MO.
19. (a) JAN 2 1943 (Date received local registrar) (b) Susie O. Beuell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 26 year 1942 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from November 5, 1942, to Dec. 26, 1942, that I last saw her alive on Dec. 24, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	4da.
Due to: Cerebral hemorrhage	56da.
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? .....
While at work? ..... (Specify type of place) (e) Means of injury: 3

23. Signature: J. E. Blanin (M. D. or other) DO.
Address: Fordland, Mo. Date signed 1/2/43

(Licensed Embalmer's Statement on Reverse Side)

1041

RECEIVED
District Health Officer No. 8,
District File Number 143-91
Date Filed JAN 22 1943

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 K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour Mo

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

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3834

Registration District No. 321 Primary Registration District No. 4541 Registrar's No. 40

1. PLACE OF DEATH:

(a) County: Webster

(b) City or town: Fordland
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Mary F. Espeerman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife

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

7. Birth date of deceased: April (Month) 4 (Day) 1852 (Year)

8. AGE: Years 91 Months 8 Days If less than one day hr. min.

9. Birthplace: (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. Day 26 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia (Bronchial) — Duration 4da

Due to: Cerebral hemorrhage — 5-6da

Due to:

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 107

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)

(b) 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: [illegible] (M. D. or other) D.O.

Address: Fordland, Mo. Date signed 3/9/43

SUPPLEMENTARY