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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 29 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 62

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Kecks Nursing Home 1501 Francis
(d) Length of stay: In hospital or institution 2 months
In this community 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 322 North 13 St.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME RENO EDWARD ESHLEMAN
(b) If veteran, name war
(c) Social Security No. none

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Stella Eshleman
6. (c) Age of husband or wife if alive
7. Birth date of deceased Jan 18 1891

8. AGE: Years 72 Months 4 Days 14

9. Birthplace Marengo Iowa

10. Usual occupation retired salesman

11. Industry or business _____

12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Mrs. Vera L. Graham
(b) Address St. Louis, Mo.

17. (a) Burial
(b) Date thereof June 4 1948
(c) Place: Burial or cremation Mt. Mora cemetery

18. (a) Signature of funeral director
(b) Address St. Joseph, Mo.

19. (a) 633/43 (b) Rae Hergog

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1943 hour 5 minute 30A M.

21. I hereby certify that I attended the deceased from 3-27-43 to 6-1-43
that I last saw him alive on 6-1-43
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephroses, Prostatic Cancer

Due to _____
Due to _____
Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

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? _____
(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 _____

23. Signature Albert W. Munch (M. D. or other)
Address 706 Francis St. St. Joseph, Mo. Date signed 6-2-48

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 A Moles

Licensed Embalmer No. *3296*

P. O. Address

St Joseph 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, fact should be so stated above.