

NOV 8 1943 32

Registration District No. 32

Primary Registration District No. 5111

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Ballinger
(b) City or town Advance R 4 Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME ESIBEL, Drum

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married. 2 divorced widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Sept 14 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Selawickville Ma
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name Eli Richard
13. Birthplace Not known 9
(City, town, county) (State or foreign country)
14. Maiden name Ballinger
15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jim Shell

(b) Address Advance Mo R #4

17. (a) Burial (b) Date thereof Oct 31 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director M. Lombardi

(b) Address Jackson Mo.

19. (a) Nov 3, 1943 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ballinger 9
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Advance Mo R #4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1943 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from _____ 1942 to Oct 30 1943
that I last saw her alive on Oct 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and senility

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 93d

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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)
(M. D. or other) _____

23. Signature E.C. Masters (M. D. or other) MD
Address Advance Mo 2 Date signed 11/1/43

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

RECEIVED

District Health Officer No. 4
District File Number 1143-2884
Date Filed 11-6-43

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:

BA Meyer

Licensed Embalmer No.

3057

P. O. Address

Jackson 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.