

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED NOV 7 1945 STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
Registrar's No. **4328**

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson,  
(b) City or town Kansas City,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 6817 Oak Street, /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
In this community 11 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson, 49  
(c) City or town Kansas City (If outside city or town limits, write "RURAL")  
(d) Street No. 6817 Oak Street, (If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Charles Lee Essman  
3. (b) If veteran, name war no. 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 21  
year 1945 hour 2:04 minute A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Laura Essman 6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased July 16 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 10, 1945  
to Oct. 20, 1945  
that I last saw him alive on Oct. 20, 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
64 3 5 hr. min.

Immediate cause of death Pulmonary Edema Duration  
Due to Adenocarcinoma  
Due to metastasis from adenocarcinoma  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 468  
Of autopsy \_\_\_\_\_

9. Birthplace Missouri (City, town, or county) (State or foreign country)  
10. Usual occupation Railway Signalman  
11. Industry or business X

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

MOTHER FATHER { 12. Name David Huston Essman  
13. Birthplace unknown, (City, town, or county) (State or foreign country)  
14. Maiden name Mary Parsons (City, town, or county) (State or foreign country)  
15. Birthplace unknown, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Essman,  
(b) Address 6817 Oak St., Kansas City, Mo.  
17. (a) Burial (b) Date thereof 10-23-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Moriah Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Stine & McClure,  
(b) Address 3235 Gillham Plaza, K. C., Mo.  
19. (a) 10-22-45 (b) Shiraldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature George Allen (M. D. or other) \_\_\_\_\_  
Address Professional Bldg Date signed 10/21/45

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

8  
3  
8

*Prof. Block*  
*11 A MC*

Dr. Edw. P. Heller

*10/10*

**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.....

Licensed Embalmer No. *1415*

P. O. Address *15 E 10th*

**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.