

No. 2
M-5-43
5-17-39
I X36671

FILED JUL 3 8 1946

Registration District No. _____ Primary Registration District No. 4486

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Benton
(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)

In this community 60 years
years, months or days

3. (a) PRINT FULL NAME FRANK ESSNER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Cecilia 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Sept 2 1861
(Month) (Day) (Year)

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

84 9 3 hr. min.

9. Birthplace New Hamburg Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Farmer

11. Industry or business _____

12. Name Nicholas Essner

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

14. Maiden name Margaret Ruder

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

16. (a) Informant Empire Essner

(b) Address Benton Mo.

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-46
(Month) (Day) (Year)

(c) Place: burial or cremation Benton Mo.

18. (a) Signature of funeral director Welsh Funeral Home

(b) Address Sikeston Mo.

19. (a) 6/7/46 (Date received local registrar) (b) Allen Miller Wilkinson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott, Mo.

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1946 hour 12 minute AM

21. I hereby certify that I attended the deceased from Feb. 21
1946 to June 5 1946

that I last saw him alive on June 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Congestive Heart Failure

Cardiac Asthma

Due to Aortic Stenosis + Regurgitation

Due to Chronic Myocarditis

Other conditions Scintilly
(Include pregnancy within 3 months of death)

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? _____ (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)

Means of injury 2

23. Signature M. P. Bregan (M. D. or other) D.O.

Address Benton, Mo. Date signed 6-7-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

301

RECEIVED
District Health Office No. 2
District File Number 746-799
Date Filed 7-3-46

SEP 4 1952

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 Raymond Lewis
Licensed Embalmer No. 3467
P. O. Address Sikeston 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.