

No. 309  
10-47  
5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED SEP 29 1948

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30275

Registration District No. 775

Primary Registration District No. 5494276

Registrar's No. 79

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Pierce City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Dr. C. A. Moore's Office 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community six years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Newton  
(c) City or town Wentworth  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Ester A. Cressy  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe / 5. Color or race W  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 19 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 10 17 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant B. W. Cressy

(b) Address Wentworth, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Van Buren Cemetery

18. (a) Signature of funeral director William J. Wassall

(b) Address Pierce City, Mo.

19. (a) Sept 20 48 (Date received local registrar) (b) Oran Mc Nott (Registrar's signature) 157

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 6th  
year 1948 hour 1 minute 40 a.m.  
21. I hereby certify that I attended the deceased from 1943  
\_\_\_\_\_, 19\_\_\_\_, to Aug 18, 1948  
that I last saw her alive on Sept 2/48, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral & Pulmonary regurgitation 6 yrs  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (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)  
(b) Means of injury \_\_\_\_\_  
23. Signature Charles Moore (M. D. or other) DO  
Address Pierce City Mo. Date signed 9/8/48

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

MOTHER, FATHER

RECEIVED  
District Health Officer No. 6,  
District File Number 948-1117  
Date Filed SEP 15 1958

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 Charles E. Schroeder, Registered Apprentice No. 227 working under my personal supervision.

Signed [Signature]  
Licensed Embalmer No. 3213  
P. O. Address Monett, Missouri

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.