DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17804 State File No.

FILED JUN 11 1946

Registration District No. 2 97 Primary Registration District No. 4446 Registrar's No. 61

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Rural
(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 All Her Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray 81
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Estella Frances Eschenbach
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harold Eschenbach
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Oct 5 1907 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
38	7	24	hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country) U
10. Usual occupation House Keeper
11. Industry or business

MOTHER
12. Name David Young C
13. Birthplace Carroll Co (City, town, or county) Mo (State or foreign country)

FATHER
14. Maiden name Della Edwards
15. Birthplace Mo (City, town, or county) (State or foreign country) U

16. (a) Informant Harold Eschenbach
(b) Address Kennett Missouri
17. (a) Burial (Burial, cremation, removal) (b) Date thereof May 31 46 (Month) (Day) (Year)
(c) Place: burial or cremation Fairlawn Cem
18. (a) Signature of funeral director John W. Kruppenbacher
(b) Address Hayden Mo
19. (a) May 31 46 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1946 hour 2:30 minute P M.
21. I hereby certify that I attended the deceased from May 29, 1946 to ..., 19...;
that I last saw her alive on May 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Acute dilatation	
Due to		
Due to	chronic myocarditis	
Other conditions (Include pregnancy within 3 months of death)	NONE	
Major findings: Of operations		
Of autopsy	9 3 8	

Duration

PHYSICIAN

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) NONE
(b) Date of occurrence NONE
(c) Where did injury occur? NONE (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury U
23. Signature E. E. Ely (M. D. or other) 5-31-46
Address Date signed

273 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number ----------

Date Filed 6-10-46

JAN 20 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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed John W. Kinsichild.

Licensed Embalmer No. 2789

P. O. Address Hardin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. June 61

Registration District No. 297 Primary Registration District No. (6022)

Registrar's No.

1. PLACE OF DEATH:

(a) County Ray

(b) City or town (Richmond Township) Rural
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Estella F Eschenbach

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive

7. Birth date of deceased Oct 5
(Month) (Day) (Year)

8. AGE: Years 38 Months 7 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 29 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MARK X [illegible]

17804