

WED JAN 9 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

42468  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86  
 (b) Township Washington Primary Registration District No. 5127 Registered No. 67  
 (c) City Buchanan (d) Street No. Buchanan County Infirmary St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 23 yrs. mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Estes  
 (a) Residence, No. Buchanan County, Mo. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1869.  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 - - -  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 1928. 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

FATHER 13. NAME Joseph P. Estes  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

MOTHER 15. MAIDEN NAME Ruhma Lemon  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

17. INFORMANT (ADDRESS) G. Benton Estes 1220 S. 23rd. Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery, St. Joseph, Mo. DATE Dec. 21 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.

20. FILED Dec. 21 1938 W. H. M. Hanner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1938, to Dec 18, 1938.  
 I last saw him alive on 1m, 1938. Death is said to have occurred on the date stated above, at 5:15A m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Arteriosclerosis  
 Other contributory causes of importance:  
 Name of operation none Date of 9 3 3  
 What test confirmed diagnosis? Clin. Hist. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify Arteriosclerosis  
 (Signed) Torrist Thomas, M. D.  
 (Address) 1801 No 25 St

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, .....

Robert P. Clarkson

, or by \*\*\*\*\*

Registered Apprentice No. \*\*\*\*\*, working under my personal supervision.

Signed

Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address 1802 Union Str. St. Joseph

**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, above space should be left blank.**