

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

22454  
Do not use this space.

JUL 6 1939

**1. PLACE OF DEATH**

(a) County Johnson Registration District No. 431  
 (b) Township Warrensburg Primary Registration District No. 3023  
 (c) City Warrensburg (d) Street No. \_\_\_\_\_ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

George A. Estes  
 (a) Residence, No. 317 W. South St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willie Thomas Estes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 10 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. retired Farmer  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

FATHER 13. NAME George Estes

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Margaret Warwick

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

17. INFORMANT (ADDRESS) Mrs. W. L. Evans  
317 W. South Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hocker Cem. Johnson Co. DATE June 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Wilcox Funeral Service  
Warrensburg Mo.

20. FILED June 9, 1939 Tom Hentz  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on Sudden, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7 P. M.  
 The principal cause of death and related causes of importance were as follows:

Heart Disease  
Coronary Insufficiency  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: HTN

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? His home  
 (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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. L. Bradley Cox, M. D.  
301 (Address) Warrensburg Mo.

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, or by.....

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

Signed..... *James C. Lipin*

Licensed Embalmer No. *3053*

P. O. Address *Warrensburg 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, above space should be left blank.**