

REC'D OCT 10 1939

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

33038
Do not use this space.

1. PLACE OF DEATH ¹⁹³⁹ OCT 10 1939
 (a) County Montgomery Registration District No. 590
 (b) Township New Florence M. Primary Registration District No. 5788a
 (c) or City New Florence M. (d) Street No. 245-59 Registered No. _____
 (e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARTIN L. ESTES

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Decker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22-1874

7. AGE YEARS 65 MONTHS 2 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosebud Mo.

FATHER 13. NAME Talton Estes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosebud Mo.

MOTHER 15. MAIDEN NAME Maize Sullivan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensville Mo.

17. INFORMANT Mollie Estes (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE New Florence DATE 9/16/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed. Ludwig

20. FILED Sept 16 19 39 Blanche Scholtes (Address) _____
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1939

22. I HEREBY CERTIFY, That I attended deceased from August 14 1939 to Sept 13 1939
 I last saw him alive on Sept 13 1939. Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma Jyloporia of Stomach
 Date of onset 9/15/39

Other contributory causes of importance: Ulcer of stomach

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? _____ (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) J. H. Langhelle _____, M. D.
H. L. Orman 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.
 SOM-9-19-39 X16605

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 by me
personally, Registered Apprentice No. _____,
working under my personal supervision.

Signed E. Ruediger
Licensed Embalmer No. 2044
P. O. Address Herriman 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

33038
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 592
 (b) Township New Florence Primary Registration District No. 4351
 (c) City New Florence (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 Martino L. Estes

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Decker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-22-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 21

OCCUPATION 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. 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) Rosebud Mo

FATHER 13. NAME Fulton Estes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosebud Mo

MOTHER 15. MAIDEN NAME Marie S. Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensville Mo

17. INFORMANT (ADDRESS) Mollie Estes

18. BURIAL, CREMATION, OR REMOVAL PLACE New Florence DATE 9/16 1939

19. FUNERAL DIRECTOR (ADDRESS) E. R. Ruediger

20. FILED Nov. 13 1939 Bull Wenger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-14 to Sept 13 1939

I last saw h. alive on 9-13 1939 Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Cancerous of Stomach
ulcer of Stomach
 Date of onset _____
 Other contributory causes of importance _____

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 _____, 1939

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 _____

(Signed) F. H. Coughlin M. D.

(Address) _____

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

