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.

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

35660
Do not use this space.

1. PLACE OF DEATH
(a) County Callaway
(b) Township or (c) City Fulton
Registration District No. 104
Primary Registration District No. 3008
Registered No. 295
(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 Mary Emeline Estes
(a) Residence, No. ... 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF M. P. B. Estes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19. 1858
7. AGE Years 81 Months 1 Days 12 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) Callaway County (STATE OR COUNTRY) Missouri.

FATHER
13. NAME Benj. Estill
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mary McCall
16. BIRTHPLACE (CITY OR TOWN) Callaway Co. (STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs. A. L. Wright
(ADDRESS) Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE River View Stroman DATE Nov. 1st 1939

19. FUNERAL DIRECTOR (NAME) Glen G. Maupin
(ADDRESS) 400 Court St. Fulton, Mo.

20. FILED Nov. 1, 1939 R. N. Crews
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-30 1939, to 10-31 1939
I last saw her alive on 10-31 1939. Death is said to have occurred on the date stated above, at 1:00 a.m.
The principal cause of death and related causes of importance were as follows:

Shock — Date of onset 10-30

Other contributory causes of importance:
1 & 2 Degree Burns entire body — 10-30

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-30 1939
Where did injury occur? Fulton, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Clothes ignited from gas stove
Nature of injury 1 & 2 burns

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Injured while cooking supper

(Signed) John J. Brown, M. D.
(Address) Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 John D. Batchelder, Registered Apprentice No. 192 working under my personal supervision.

Signed Glen G. Mangum

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.