

Registration District No. 399Primary Registration District No. 1002Registrar's No. 4773

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
K.C. General Hospital No. 1 /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Walter E. Estes 2323. (b) If veteran, name war. NO 3. (c) Social Security No. NO

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife wife 6. (c) Age of husband or wife if alive. 60 years
Mary Estes
 7. Birth date of deceased 5-15-1877
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>about 62</u>	<u>7</u>	<u>0</u>	hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Special Police11. Industry or business 112. Name J. G. Estes13. Birthplace Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Enahaley Thompson15. Birthplace Kentucky
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mary Estes(b) Address 2723 E. 35th Terrace17. (a) Clarksville Mo. (b) Date thereof 12-16-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Clarksville Mo.18. (a) Signature of funeral director Stine-McClure(b) Address Kansas City, Mo.19. (a) Dec. 17, 1939 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri / (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2723 E. 35th St. Terrace
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15th
year 1939 hour 6 minute 44 P. M.21. I hereby certify that I attended the deceased from 12-13, 1939, to 12-15-39, 1939;that I last saw him alive on 12-15-39, 1939, and that death occurred on the date and hour stated above.Immediate cause of death
Pneumonia, lobar

Duration

Due to 108

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy None

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? 1While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature R. H. De Maria M.D. 12-16-39
Address Supt. K.C. Gen. Hosp. Date signed _____

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..... *E M Plank*

Licensed Embalmer No. *1848*

P. O. Address.....

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.