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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7971

Registration District No. 714 Primary Registration District No. 6667 Registrar's No.

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town Center Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: near Chalkleve Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Home (Specify whether)
In this community 22 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St clair
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ELIAS SMITH ESTES 232
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna C. Adams
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased May (Month) 24 (Day) 1854 (Year)

8. AGE: Years 85 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Ky (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
MOTHER FATHER
12. Name Burley Estes
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name Delilah Graham
15. Birthplace Ky (City, town, or county) (State or foreign country)
16. (a) Informant's own signature S. J. Newman
(b) Address 2005 E-8 St. K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Nidds Chapple
18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo
19. (a) 1-22-40 (Date received local registrar) (b) James R Carter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1940 hour 7 minute 10 a. M.
21. I hereby certify that I attended the deceased from Jan 17 1940, 19.., to Jan 21, 1940, that I last saw h.. alive on Jan 19, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral hemorrhage
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. H. Ellis (M. D. or other) MD
Address Appleton City Date signed 1-21-40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED
District Health Officer No. 7, 431
Date File Number 3-40-431
Date Filed 3-11-40

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 ME on the 21th day of Jan 1940, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.