

FILED JUN 18 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19203

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 172

10
7
4

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 226 So. Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 903 So. Ohio
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME EMMA ADELLA ESTES 237

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Jas. T. Estes 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 24 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name James S. Harrison
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Margaret E. Grant
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Ruffin
(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof May 7/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) 4/7/40 (b) Mrs. Harry Sneed
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1940 hour 2:30 minute a M.

21. I hereby certify that I attended the deceased from April 2, 1940 to May 6, 1940, that I last saw her alive on May 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 2 dy

Due to arterio-sclerosis

Due to _____

Other conditions none
(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? _____

906 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Chas. S. Sneed (M. D. or other) _____
Address Sedalia, Mo. Date signed May 7, 1940

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-14-70

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 Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia 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.