

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 10 1940

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 8 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Katie Mae Estes

3. (b) If veteran, name war _____

3. (c) Social Security No. 496-03-412

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1940 hour 11 minute _____ P. M.

21. I hereby certify that I attended the deceased from 7-17-
1940 to 7-19-
1940

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. E. Estes

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May-15-1901
(Month) (Day) (Year)

that I last saw her alive on 7-19-1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstruction Duration 2 days

8. AGE: Years 39 Months 2 Days 4
If less than one day _____ hr. _____ min.

Due to Adhesion at site of previous operation 5 yrs ago

Due to _____

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

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Housewife

Major findings: Intestinal obstruction (complete)

11. Industry or business _____

12. Name Newton Wolfe

13. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Estley

15. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

16. (a) Informant's own signature W. E. Estes

(b) Address Warrensburg

17. (a) Burial (b) Date thereof July-22-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crematory

18. (a) Signature of funeral director Sweeney-Phillips

(b) Address Warrensburg Mo

19. (a) July 22-40 (b) Bertie Bentley
(Date received local registrar) (Registrar's signature)

23. Signature R. L. Cooper (M. D. or other) M.D.
Address Warrensburg Mo Date signed 7-20-40

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. 8
District File Number 8-7-40
Date Filed

8
111

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.....

..... Earl Priest, Registered Apprentice No.....
working under my personal supervision.

Signed Earl Priest
Licensed Embalmer No. 3878
P. O. Address Warrensburg, 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.