

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41402

LED JAN 8 1941

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4295

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: 1910 East 24th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ida Rogers Estus

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Theodore Estus 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 28, 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 15 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business

12. Name Franklin

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

14. Maiden name Susan Starks

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

16. (a) Informant James H. Johnson

(b) Address 1910 East 24th St.

17. (a) burial (b) Date thereof 12/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Starkins Bros.

(b) Address 1729 Lydia

19. (a) 12-17-40 (b) M. M. Crowe
(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. 1910 East 24th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13th
year 1940 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from 10/11/38
1938, to 12/13/40, 1940
that I last saw her alive on 12/13/40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation
Due to Mitral Regurgitation
Due to Spinal Curvature

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy

Duration

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?

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

23. Signature M. D. Sullivan (M. D. or other) M. D.
Address 1618 Lydia Date signed 12/16/40

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

MOTHER FATHER

SEP 11 1942

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..... *Isaac Jerome Manlove*
Licensed Embalmer No. *3994*
P. O. Address *1120 E 23rd St*

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, fact should be so stated above.