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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 23 1941

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. 41688
Registrar's No. 65

Registration District No. 2

Primary Registration District No. 202

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Rosendale
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2

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

In this community Thirty-Five years
years, months or days

3. (a) PRINT FULL NAME Mary Elizabeth Estes

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank B. Estes

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Oct-25-1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name unknown

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

14. Maiden name Jessie Henderson

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

16. (a) Informant Frank B. Estes

(b) Address Rosendale Mo

17. (a) Lower Reely Grove (b) Date thereof 12-23-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lower Reely Cem.

18. (a) Signature of funeral director J. Fred Ashman

(b) Address Savannah Mo

19. (a) 12-24-1940 (b) M. Wood
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Missouri

(c) City or town Rosendale mo
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20th year 1940 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from Dec 20th 1940 to Dec 20 1940
that I last saw her alive on Dec 20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Duration 3 yrs

Due to _____

Due to 2 1/2

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A. H. Kelley (M. D. or other) _____

Address Bolchaw Mo Date signed Dec 23-40

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

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..... *W. Fred Terhune*.....

Licensed Embalmer No. *1279*.....

P. O. Address *Savannah*.....

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.