No. 2
-11-10-39
5-17-39
PI X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25655

Registration District No. 371 Primary Registration District No. 4335 Registrar's No. 39

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California
(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)
(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 68
(a) State Mo. (b) County Moniteau
(c) City or town California, Mo. 1
(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.? 0 years.

3. (a) PRINT FULL NAME Mrs. Margaret Estlac
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 Widow
6. (b) Name of husband or wife Alford
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 15 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
90	3	—	hr. min.

9. Birthplace (City, town, or county) Ky. (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Thomas Cothron
13. Birthplace Ky (City, town, or county) (State or foreign country) 1
14. Maiden name Frances Stell
15. Birthplace Ky (City, town, or county) (State or foreign country) 1
16. (a) Informant Mrs. Phil Hinty
(b) Address California Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16 '41 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cem. California Mo
18. (a) Signature of funeral director Edgar Schubert
(b) Address California Mo.
19. (a) 6-16-41 (Date received local registrar) (b) H. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1941 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from Aug 1939 to June 15 1941; that I last saw her alive on June 15 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiovascular disease	10 yrs
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) no
(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 Edgar A. Gibbs (M. D. or other) (1)
Address California Date signed 6/16/41

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Hugo B Schubert & Hazel B Schubert Registered Apprentice No. .....

working under my personal supervision.

Signed Hugo B Schubert

Licensed Embalmer No. 2820-371

P. O. Address Russellville

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.