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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILLED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30964

Registration District No. 8

Primary Registration District No. 203

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Benton  
(b) City or town Edwards Star Route  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rural Union  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton 008  
(c) City or town Edwards (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALICE GERTRUDE ESTES

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: October 30 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John T. Carver

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

14. Maiden name Anna Cetta (City, town, or county) (State or foreign country)

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

16. (a) Informant George Armstrong

(b) Address Edwards Star Route

17. (a) Burial (b) Date thereof Oct. 1 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director White & Reser

(b) Address Warsaw, Mo.

19. (a) 9/30/41 (b) Jas A Logan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 29 year 1941 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from March 10 1941 to 9-29 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of stomach Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) HFB

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 \_\_\_\_\_ about home, on farm, in industrial place, in public place?

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

23. Signature Walt Kirk (M. D. or other) \_\_\_\_\_

Address Warsaw, Mo Date signed 9-29-41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 7,  
District File Number 18-41-1712  
Date Filed 10-3-41

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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed John F. Fisher

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.