No. 2
-1-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5933

Primary Registration District No. 1001

Registrar's No. [illegible]

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2138 So 6th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 2138 So 6th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Allen Estes

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown (Month) ? (Day) 1857 ? (Year)

8. AGE:	Years	Months	Days	If less than one day
Est	85	?	?	..... hr. ..... min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired operator of a

11. Industry or business Steamboat

FATHER
12. Name Bry Estes
13. Birthplace Clayton County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John Wallace
(b) Address 2138 So 6th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph, Missouri

19. (a) 2-19-1942 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1942 hour 8 minute P. M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Feb 18, 1942 to ....., 19....;
that I last ~~saw him alive on~~ ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia	1 week
Due to Cold	2 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 107
Of autopsy no

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?
(Specify type of place)
While at work? (e) Means of injury 3

23. Signature H F Mundy (M. D. ~~or other~~ Coroner)
Address 404 So 3d Date signed 2/18/42

85 (Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

Hansen

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~~ me

2-18-42, Registered Apprentice No.

working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph 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, fact should be so stated above.