

U.S. No. 1
M-11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19249

FILED JUN 11 1943
875

Registration District No. Primary Registration District No. 3039

Registrar's No. 106

108
2

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:
Nevada City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 1/2 days
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Missouri (b) County Vernon

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

(d) Street No. 425 E. Hickory Street
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME John Elmer Estes

3. (b) If veteran name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4-29-42
1942 to 5-3 1942.

that I last saw him alive on 5-3 1942
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Leona Estes

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased June 25 1899
(Month) (Day) (Year)

Immediate cause of death:
Acute Myocardial Infarction & Lung
Acute Perforated Duodenal Ulcer

Due to Chromograninoma

Due to _____

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

1170

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>10</u>	<u>8</u>	_____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name John S. Estes

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

14. Maiden name Martha Jane

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Perforated gastric & duodenal ulcers
anterior surface leads curvature

Of autopsy none

16. (a) Informant Mrs. Leona Estes

(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof 25/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Wm. J. B. B. B. B.

(b) Address Nevada Mo.

19. (a) 5-6-42 (b) Elizabeth Breckenridge
(Date received local registrar) (Registrar's signature)

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) _____

(e) Means of injury _____

23. Signatory J. B. B. B. (M. D. or other) _____

Address Nevada Mo. Date signed 5-4-42

RECEIVED

District Health Officer No. 7,

District File Number 6-42-603

Date Filed 6-9-42

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 Allen T. Hays

Licensed Embalmer No. 1968

P. O. Address Nevala, 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, above space should be left blank.