S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23834

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 674

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

1. PLACE OF DEATH:
(a) County Buchanan,
(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2301 Angelique Street, (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 71 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph, (If outside city or town limits, write "RURAL")
(d) Street No. 1220 South 23rd. Street, (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Glaucius Benton Estes,
3. (b) If veteran, name war None,
3. (c) Social Security No. None,
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Minnie Estes,
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased September 21st. 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	9	23	hr. min.

9. Birthplace Jefferson County, Kentucky, (City, town, or county) (State or foreign country)
10. Usual occupation Clerk,
11. Industry or business C.B.& Q.Raily Co.
FATHER
12. Name Phillip Benton Estes,
13. Birthplace Unknown, Kentucky, (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Huhama Lemon,
15. Birthplace Unknown, Kentucky, (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. G. B. Estes
(b) Address 1220 South 23rd. Street,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/42 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery,
18. (a) Signature of funeral director Weston Burial & Bowman Funeral Home
(b) Address 319 So.10th. Street,
19. (a) 7-16-42 (Date received local registrar) (b) Rose Hergog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th. year 1942 hour 4:00 minute 10p M.
21. I hereby certify that I attended the deceased from July 5, 1942 to July 14, 1942 that I last saw him alive on July 13, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis General	?
Myocardial Degeneration	?
Due to: Cardiac Decompensation	10 days
Due to: Hemiplegia, left	1934
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

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
23. Signature S. E. Senor M.D. (M.D. or other)
Address St. Joseph Mo Date signed 7-15-42

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(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 7-14-42

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10 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.