

FILED OCT 10 1942

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 248

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City Rural - Blue
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2310 Harvard Avenue Inter-city Dist.
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution: 20 Years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 326 North White Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th
 year 1942 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from
Feb 10 1942 to Sept 30 1942
 that I last saw him alive on Sept 30 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Auricular fibrillation and embolism of artery of rt. leg.
 Duration
placental jaundice of

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

Major findings:
 Of operations

95a

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? no
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature John A. Green (M. D. or other) MD
 Address Independence Date signed Oct 1, 1942

3. (a) PRINT FULL NAME Mrs. Margaret Estill

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mr. William Estill 6. (c) Age of husband or wife if alive: ----- years

7. Birth date of deceased: September 20 1860
 (Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 10
 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business: -----

MOTHER FATHER

12. Name Andrew Smathers

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

14. Maiden name Potts

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

16. (a) Informant D. Emmitt Estill

(b) Address 326 N. White Ave

17. (a) Burial (b) Date thereof: Oct. 3, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation H.H.H.H. Mt. Moriah Cem., K.C. Mo.

18. (a) Signature of funeral director C. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd., K.C. Mo.

19. (a) 10-1-1942 (b) J. J. Moore
 (Date received local registrar) (Registrar's signature)

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

48

46
3

1163

444 Lor. 1st National Bank Bldg.
Independence, Mo.

C. H. P.

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..... *C. Hervey Piusenbers*
Licensed Embalmer No. *4070*
P. O. Address..... *AC 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.