

S. No. 2  
1-542  
5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6588

State File No. ....

FILED MAR 4 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 86

49  
2  
5  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. John's  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 hours  
(Specify whether In this community since birth years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1710 East 17th St  
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Jimmie Dale Estes

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8  
year 1943 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from 2-2-43 1943 to 2-8-43 1943;

4. Sex M 5. Color or Race W

6. (a) Single, ~~widowed~~, ~~married~~, Infant  
divorced

6. (b) Name of husband or wife —

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

7. Birth date of deceased April 27 1938  
(Month) (Day) (Year)

that I last saw him alive on — 19— and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>4</u>	<u>9</u>	<u>12</u>	hr. min.

Immediate cause of death Lung and diphtheria

Due to —

Due to —

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

Other conditions (include pregnancy within 3 months of death) 10

10. Usual occupation Infant

11. Industry or business —

Major findings: Of operations —

Of autopsy —

PHYSICIAN —

Underline the cause to which death should be charged statistically.

12. Name John W. Estes

13. Birthplace Douglas Co, Mo (City, town, or county) (State or foreign country)

14. Maiden name Christine Creager

15. Birthplace Cass Co, Mo (City, town, or county) (State or foreign country)

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? —

16. (a) Informant John W. Estes

(b) Address 1710 E. 17th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-43 (Month) (Day) (Year)

(c) Place: burial or cremation Honor Park

While at work? (Specify type of place) — (c) Means of injury —

23. Signature William D. Dillon (M. D. or other) —

Address Joplin Mo Date signed 2/8/43

18. (a) Signature of funeral director William D. Dillon

(b) Address 305 W. 4th St

19. (a) 2-9-43 (Date received local registrar) (b) Arthur D. Schaefer (Registrar's signature)

43-2-122

---

---

**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..... *David Dillon* .....

Licensed Embalmer No..... *3898* .....

P. O. Address..... *Joplin, 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.**