V. S. No. 2
00M—2-43
ev. 5-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 48503

Registration District No. 147 Primary Registration District No. 5269 Registrar's No. 147

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Raytown (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6010 Raytown Road. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 18 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. ½ Mi. North of Old 40 on Blue Ridge Cut-off. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------

3. (a) PRINT FULL NAME Robert Oscar Estes
3. (b) If veteran, name war no.
3. (c) Social Security No. 499-10-8912
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fannie Estes
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Mar. 7, 1877. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	9	14	hr. min.

9. Birthplace Liberty (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Common laborer
11. Industry or business odd jobs
FATHER 12. Name Irvin Estes
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Eva Greer
15. Birthplace Plattsburg, (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant Bert Estes
(b) Address Avondale, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Brooking Cemetery
18. (a) Signature of funeral director E. Clarke Fregent
(b) Address Raytown, Missouri.
19. (a) Dec 21 1943 (Date received local registrar) (b) Mrs P. E. Larson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21 year 43 hour 6:15 P.M. minute
21. I hereby certify that I attended the deceased from Corn, 19..., to, 19...; that I last saw h... alive on, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fracture of the skull	
Due to: Automobile hemorrhage	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Negative	

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) Accident
(b) Date of occurrence 6010 Raytown Road Jackson Co
(c) Where did injury occur? 12/21/43 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Street Street (Specify type of place)
While at work? No (e) Means of injury Motor Car
23. Signature Corbett (M.D. or other) Corbett
Address Raytown Date signed 12/23/43

1159 (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.....

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

working under my personal supervision.

Signed E. Clark Hegert

Licensed Embalmer No. 3983

P. O. Address Raytown 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.