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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6703

Registration District No. 44 Primary Registration District No. 5145 Registrar's No. 11

1. PLACE OF DEATH:
(a) County CALDWELL
(b) City or town RURAL Breckenridge Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 76 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CALDWELL 13 0
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. Breckenridge Township
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME WILSON ESTABROOK

3. (b) If veteran, name war NO
3. (c) Social Security No. NO

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased DEC. (Month) 30 (Day) 1859 (Year)

8. AGE: Years 84 Months 1 Days 12 If less than one day hr. min.

9. Birthplace HARTLAND (City, town, or county) WIS. / (State or foreign country)

10. Usual occupation

11. Industry or business FARMER

FATHER
12. Name EDWARD-W-ESTABROOK
13. Birthplace WESTMINESTER (City, town, or county) MASS / (State or foreign country)

MOTHER
14. Maiden name MARY E WAGNER
15. Birthplace UTICA (City, town, or county) N.Y / (State or foreign country)

16. (a) Informant E. J. Estabrook
(b) Address Breckenridge Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof FEB 13 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Breckenridge Mo

18. (a) Signature of funeral director T. F. McPEEK
(b) Address BRECKENRIDGE MO.

19. (a) Feb 13 1944 (Date received local registrar) (b) E A Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 11
year 1944 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 10, 1942 to Feb 11, 1944
that I last saw him alive on Feb 11, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Cardiac enlargement	4 yrs
Due to Auricular Fibrillation	3 yrs
Due to General Edema	
Other conditions (Include pregnancy within 3 months of death)	

E A Thompson MD

Major findings:
Of operations
Of autopsy 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)
(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 E A Thompson (M. D. or other)
Address Breckenridge Mo Date signed

1151 (Licensed Embalmer's Statement on Reverse Side) Feb 12-1944

MAY 28 1

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 T. F. McPeek, Registered Apprentice No. ....., working under my personal supervision.

Signed T. F. McPeek

Licensed Embalmer No. 1570

P. O. Address Breckinridge

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.