

FILED MAY 8 1944

State File No. _____
Registrar's No. 26

Registration District No. 18 Primary Registration District No. 2015

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
224 W Prairie St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No.
(Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. 224 W Prairie St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Estes.

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Eva Estes 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 25 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>11</u>	<u>28</u>	hr. _____ min.

9. Birthplace DeKalb Co. (City, town, or county) (State or foreign country) Mo. ()

10. Usual occupation Day Laborer

11. Industry or business _____

12. Name Middleton Estes.

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

14. Maiden name Katherine Flanders

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

16. (a) Informant James Estes

(b) Address Cameron Mo

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 4-25-44
(Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Memorial Park

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron

19. (a) Apr 25 1944 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1944 hour 9:30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from April 16 1944 to April 23 1944 that I last saw him alive on April 22 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature M. P. Estes (M. D. or other)

Address Cameron Mo Date signed Apr 24 1944

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

working under my personal supervision.

De Moss CRUNK

Registered Apprentice No.

Signed

De Moss Crunk

Licensed Embalmer No.

2533

P. O. Address

RATHROP, MO

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

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