

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14632

FILED MAY 11 1944  
Registration District No. 20

Primary Registration District No. 5449

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town King City Mo. R.R.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Farm Home.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community All Life.  
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Scott Estill.

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

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

6. (b) Name of husband or wife Hellen E. 6. (c) Age of husband or wife if alive 47. years

7. Birth date of deceased Dec. 10. 1879.  
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer.

11. Industry or business.....

12. Name Moses H. Estill.

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

14. Maiden name Ella Brooking.

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

16. (a) Informant Hellen E. Estill.

(b) Address King City Mo. R.R.

17. (a) Burial (b) Date thereof 4. 2. 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City Mo.

18. (a) Signature of funeral director R. G. Taggart.

(b) Address King City Mo.

19. (a) 4-8-1944 (b) Anna N. Mabe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry  
(c) City or town King City Mo. R.R.  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30.  
year 1944 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 1936 to March 30 1944  
that I last saw h. i. m. alive on March 29 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Arteriosclerosis general  
thrombosis arterial,  
islandic, left.  
Due to.....

Duration  
8 years

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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?

While at work..... (Specify type of place)  
(e) Means of injury fall  
23. Signature R. G. Taggart (M. D. or other) Do  
Address King City, Mo. Date signed 3/31/44

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

MOTHER FATHER

1108

DEC 13 1948

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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.....

*R. G. Tager*

Licensed Embalmer No. 2563.....

P. O. Address King City 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.