

UNITED STATES BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23681**
3199
Registrar's No. _____

Registered at _____
FILED AUG 14 1944

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution:
1310 East Armour Conv Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day** (Specify whether **4**)

In this community **19 years** (Yes or No)
years, months or days

3. (a) PRINT FULL NAME **Miss Minerva Estes**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **no.**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **X**

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

7. Birth date of deceased: **December 12 1868**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	75	7	238 hr. min.

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **no**

MOTHER FATHER

12. Name **Jesse Estes**

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

14. Maiden name **Priscilla Norris**

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

16. (a) Informant **Frank Markillie**

(b) Address **5601 Tracy, Kansas City, Mo.**

17. (a) **Removal** (Burial, cremation, or removal)

(b) Date thereof: **8-7-44** (Month) (Day) (Year)

(c) Place: burial or cremation **Winchester, Illinois**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, Kansas City, Mo.**

19. (a) **8-5-44** (Date received local registrar)

(b) **D. E. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **5601 Tracy**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **4th**
year **1944** hour **6:00** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw him _____ alive _____ and that death occurred on the _____ stated above.

Immediate cause of death **Arteriosclerotic Heart Disease**

Duration _____

Other conditions **93 d**
(Include pregnancy within 3 months of death)

Due to _____

Due to _____

PHYSICIAN

Major findings:
Of operations _____

Of autopsy **Inspection & History**

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? _____

23. Signature **A. E. Ussher** (M. D. or other)

Address **28 Meloy** Date signed **8/11/44**

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.....

Licensed Embalmer No. 1415

P. O. Address. 15011

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.