

FILED NOV 19 1944

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 91

1. PLACE OF DEATH: *clay*

(a) County *clay*

(b) City or town *N.R. City - R.H.S. Liberty Mo*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *none*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community *✓*
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *clay* *24*

(c) City or town *Liberty Mo.*
(If outside city or town limits, write "RURAL") *2*

(d) Street No. _____ (If rural, give location) *0*

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

If yes, name country *no. 0*

3. (a) PRINT FULL NAME *Socrates Edward Estes*

(b) If veteran, name war *no*

(c) Social Security No. *no*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Oct.* day *5*
year *1944* hour *6* minute *33 P.M.*

21. I hereby certify that I attended the deceased from *July*
1944, to *Oct 5*, 19*44*.
(that I last saw him alive on *Sept 21*, 19*44*.
and that death occurred on the date and hour stated above.

4. Sex *M* 5. Color or race *W*

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

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

7. Birth date of deceased: *Sept 14 1870*
(Month) (Day) (Year)

Immediate cause of death

1) *Carcinoma of stomach*

2) *Chronic Myocarditis*

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) *H6*

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years *74* Months *0* Days *21* If less than one day hr. _____ min. _____

9. Birthplace *Liberty Mo. 0*
(City, town, or county) (State or foreign country)

10. Usual occupation *LABORER*

11. Industry or business _____

MOTHER FATHER

12. Name *BENJAMIN E. ESTES*

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

14. Maiden name *MARY CLINKENBERG*

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

16. (a) Informant *Mr. L.B. Estes* *spouse*

(b) Address *Liberty Mo R# 2*

17. (a) *Burial* (b) Date thereof *10/7/44*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Fairview*

18. (a) Signature of *Theresa Hill Funeral Home*

(b) Address *Liberty Missouri*

19. (a) *Oct 7-44* (b) *Helen Early*
(Date received local registrar) (Registrar's signature)

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 work) _____
(e) Means of injury _____

23. Signature *J.W. White* (M. D. or other) *MD*

Address *Mo 7* Date signed *10-6-44*

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

24
6
0

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-8-17

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.

Self

Signed Victor E. Leminga

Licensed Embalmer No. 2896

P. O. Address Liberty Missouri

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.