

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County HOWARD  
(b) City or town RUHAN  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 33 years years, months or days

3. (a) PRINT FULL NAME W.F. ESTES  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mattie Pette Estes 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased: June 28 1871  
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Boone County MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Richard S. Estes  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Cordeia Campbell  
15. Birthplace Boone County MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Estes  
(b) Address Glasgow MO

17. (a) removal (b) Date thereof Jan 22 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardens MO

18. (a) Signature of funeral director Audley Fremont  
(b) Address Glasgow MO

19. (a) 12/14/45 (b) W.F. Estes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Howard  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 12 S.W. Glasgow  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20  
year 1945 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-12-45 to 1-20-45  
that I last saw him alive on 1-19-45  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4

Due to \_\_\_\_\_  
Due to of 70

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 0

23. Signature W.B. Kitcher (M. D. or other) \_\_\_\_\_  
Address Glasgow MO Date signed 12/14/45

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

005

RECEIVED

FEB 10 1945

District Health Officer No. 8,  
District File Number

Date Filed 2-8-45

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 J. Walker Audsley  
Licensed Embalmer No. 3336  
P. O. Address Glasgow 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.