

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28190

State File No. 18

Registrar's No. 18

D SEP 6 1945

Registration District No. 279

Primary Registration District No. 4415

1. PLACE OF DEATH:

(a) County Pike Co
(b) City or town Clarksville mo
(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)

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

In this community.....
years, months or days)3. (a) PRINT FULL NAME Benjamin F. Estes3. (b) If veteran, name war no 3. (c) Social Security No. no4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife — 6. (c) Age of husband or wife if7. Birth date of deceased May - 2 1958
(Month) (Day) (Year)8. AGE: Years 87 Months 3 Days 28 If less than one day
hr. min.9. Birthplace Pike Co mo
(City, town, or county) (State or foreign country)10. Usual occupation Retired11. Industry or business was a farmer12. Name Robert Estes13. Birthplace Vernon Co mo
(City, town, or county) (State or foreign country)14. Maiden name Estes15. Birthplace unknown
(City, town, or county) (State or foreign country)16. (a) Informant John F. Estes(b) Address Clarksville - mo17. (a) Burial (b) Date thereof Sept-1-1945
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Waver Cemetery18. (a) Signature of funeral director Waver Cemetery(b) Address Felicia mo19. (a) Aug 31/45 (b) B. M. Gooch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Pike & 2
(c) City or town Clarksville mo
(If outside city or town limits, write "RURAL.")(d) Street No. — (If rural, give location) 0(e) Citizen of foreign country? no (Yes or No)If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
year 1945 hour 10 minute 45 A.21. I hereby certify that I attended the deceased from August 20, 1945 to Aug 30, 1945
that I last saw him alive on August 30, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death

Senile Dementia Duration 2 yrs.Due to General arteriosclerosis may haveDue to AgeOther conditions
(include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

(Specify type of place)

While at work? (e) Means of injury —23. Signature E. M. Bartlett (M. D. or other)Address Clarksville mo Date signed 8/30/45

1364 (Licensed Embalmer's Statement on Reverse Side)

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

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 Norman E. Gooch

Licensed Embalmer No. 2342

P. O. Address Galva - 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.