

U.S. No. 2
FORM-5-43
REV. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1347**
Registrar's No. **352**

FILED FEB 27 1946
Registration District No. _____

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**

(a) County **Kansas City**

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

(c) Name of hospital or institution: **2607 Spruce /**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **XX**
(Specify whether years, months or days)

In this community **65 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **2607 Spruce** **8**
(If rural, give location)

(e) Citizen of foreign country? **No** **0**
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **JEFFERSON ESTABROOK**

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

3. (c) Social Security No. **None**

4. Sex **Ma** **0**

5. Color or race **Wh**

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

6. (b) Name of husband or wife **Anna Estabrook**

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

7. Birth date of deceased **October 12 1864**
(Month) (Day) (Year)

8. AGE: Years **81** Months **3** Days **8**

If less than one day **hr. min.**

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

10. Usual occupation **Retired**

11. Industry or business **Warren Estabrook**

12. Name **Warren Estabrook**

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

14. Maiden name **Saher McDow**

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

16. (a) Informant **Harry Trimble**

(b) Address **2607 Spruce**

17. (a) **Burial** (b) Date thereof **Jan 23-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **J. W. Wagner**

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

19. (a) **1-23-46** (b) **Doraldine Helms**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **20th**

year **1946** hour **2:** minute **30 P.** M.

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

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to **arteriosclerosis**

Due to **hypertension**

Other conditions **60**
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: **60**

Of operations _____

Of autopsy **see history & report**

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 _____

23. Signature **Janice Smith** **30**
(M. D. or other)

Address **1224 N. 1st St.** Date signed **1-23-46**

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 Alvin R. Hainschild

Licensed Embalmer No. 4159

P. O. Address Kansas 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.