

FILED MAR 7 1946
Registration District No. 62Primary Registration District No. 5238Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cedar
 (b) City or town Rural--Jefferson Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: XXXX
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XXX
 (Specify whether
 In this community All of life
 years, months or days)

3. (a) PRINT FULL NAME MARY ELIZABETH ESTES

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife Steven Estes 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased February 14, 1854
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 11 12 X hr. X min.

9. Birthplace Bolivar Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business XXX

12. Name Thomas H. Russell
 13. Birthplace XXX Tennessee
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Wortham
 15. Birthplace XXX Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ida Lee(b) Address Dunnegan, Missouri

17. (a) Burial (b) Date thereof 1-27-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barren Creek18. (a) Signature of funeral director CHURCH AND NEALE(b) Address Stockton, Missouri

19. (a) 2-1-46 (b) Geneva Harrison
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. xxx Jefferson Township
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
 year 1946 hour 1 A. minute 1 A. M.

21. I hereby certify that I attended the deceased from July
 1945 to 1946

that I last saw her alive on Aug 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death

arterio Sclerosis
Valvular heart trouble 1 yr.
 Due to Stroke

Due to Probable cancer of liver 7 1/2 yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

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 if so of place) (c) Means of injury _____

23. Signature Roscoe C. News (M. D. or other) M.D.
 Address Humansville Mo Date signed 2-6-46

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

3320

REC'D

Dis...

Dis...

Date Filed

12-46-1949

3-6-46

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

Melvin Church

Licensed Embalmer No.

3272

P. O. Address

Stockton 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. Ma 4Registration District No. 62Primary Registration District No. 5238Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cedar
 (b) City or town Rural Jefferson Twp
 (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 Mary E. Ester

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced wid
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Feb 14 (Month) (Day) (Year)

8. AGE: Years 87 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____
 17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal)
 (c) Place: burial or cremation _____

13. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Year 1941
 Day _____ Hour _____ minute _____ A. M.

21. I hereby certify that I attended the deceased from _____ 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 _____

Due to _____
 Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

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)
 (c) Means of injury _____

23. Signature Roscoe C. Neuman M.D. or other
 Address Humanville Mo Date signed 2-26-41

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

3920

4901