

S. No. 2  
DM-8-43  
v. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

... THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15996

FILED JUN 10 1946

Registration District No. 5-8

Primary Registration District No. 4087

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Carter

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

(c) Name of hospital or institution:  
in her daughter home!  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months  
(Specify whether years, months or days)

In this community 7 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Reynolds

(c) City or town Bunker  
(If outside city or town limits, write "RURAL")

(d) Street No. 1  
(If rural, give location)

(e) Citizen of foreign country? 1  
(Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Ellen Estes

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
year 1946 hour 03 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 12, 1946, to May 16, 1946  
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

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

(b) Name of husband or wife Samuel Estes

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Feb 20 1867  
(Month) (Day) (Year)

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis  
Nephritis

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>2</u>	<u>26</u>	hr. _____ min. _____

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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

10. Usual occupation house wife

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Bill Bailey

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

14. Maiden name Liza Foster

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel Estes

(b) Address van Buren Mo.

17. (a) Burial (b) Date thereof 5-18-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunker

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? \_\_\_\_\_

18. (a) Signature of funeral director Seaton Ewert

(b) Address van Buren Mo

19. (a) May 24-46 (b) Mrs Octa Henson  
(Date received local registrar) (Registrar's signature)

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. H. Cotton (M. D. or other) \_\_\_\_\_

Address van Buren Date signed 5-19-46

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

18  
00

50

RECEIVED

District Health Officer No. 5,  
District File Number 646362  
Date Filed 6-6-46

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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 Seaton Dewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.