

S. No. 2
M-5-43
. 5-17-39
I X36671

FILED JUL 28 1946

Registration District No. _____ Primary Registration District No. 2000-5460

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1100 E. Central (on street)
(If not in hospital or institution, write street number or location)

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

In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Spring Rural - N. Campbell Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. Springfield R.F.D. #4
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME THOMAS ERVIN ESTES

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased: UNK UNK UNK
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th
year 1946 hour 1:00 P.M. minute _____ M. _____

21. I hereby certify that I attended the deceased from Unattended by physician 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

about 78 UNK UNK _____ hr. _____ min.

Immediate cause of death probably chronic myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation news paper vendor

11. Industry or business Springfield Newspapers, Inc.

MOTHER FATHER { 12. Name Unknown

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

{ 14. Maiden name Unknown

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

Major findings: Of operations 93A

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Records from deceased

(b) Address _____

17. (a) burial (b) Date thereof July 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Springfield, Mo.

19. (a) 7-2-46 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

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 Local Registrar

23. Signature W. H. Handley (M. D. or other) _____

Address Springfield Mo. Date signed 7-2-46

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..... *Fred C. Prime*

..... Licensed Embalmer No. *2899*

P. O. Address..... *Springfield, 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.