S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21042

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 28

1. PLACE OF DEATH:

(a) County: Pemiscot

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

(c) Name of hospital or institution: Shady Switch Railroad Crossing 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... In this community: 15 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pemiscot 78

(c) City or town: Hayti Rural Route 1 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Rural Route 1 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Raymond Estes

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Male 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Willie Jane Estes

6. (c) Age of husband or wife if alive: 30 years

7. Birth date of deceased: May (Month) 15, (Day) 1912 (Year)

8. AGE: Years 34 | Months 0 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace: Gipson, Co., (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business .....

MOTHER FATHER

12. Name: L. C. Estes

13. Birthplace: McNary, Co., (City, town, or county) Tenn. 1 (State or foreign country)

14. Maiden name: Ida Gray

15. Birthplace: Dyer, Co., (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant: Mrs. Raymond Estes

(b) Address: Hayti, Mo. R.R. 1

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6/4/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Caruthersville, Mo.

18. (a) Signature of funeral director: H. S. Smith Funeral Home

(b) Address: Caruthersville, Mo.

19. (a) 6-12-46 (Date received local registrar) (b) Lucille Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1946 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Killed By Frisco passenger train while crossing the R.R. on a tractor

Due to: the Body Completly torn from the impact of train

Due to: 170c-8

Other conditions (Include pregnancy within 3 months of death): SHP Tractor he was 25

Major findings: Of operations: driving was hit by a passenger

Of autopsy: train

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 78

(a) Accident, suicide, or homicide (specify): accident

(b) Date of occurrence: June 2 1946

(c) Where did injury occur? (City or town) Pemiscot (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)

While at work? No (e) Means of injury: Hit by train

23. Signature: Jack Kelly (M.D. or other) Coroner

Address: Hayti Mo Date signed 6-2-46

365 (Licensed Embalmer's Statement on Reverse Side)

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 Lee Ford, Registered Apprentice No. 386, working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.