S. No. 2
DM—2-43
v. 5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33376

Registration District No. 140 Primary Registration District No. 4229 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Howard

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45

(c) City or town New Franklin
(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 .....

3. (a) PRINT FULL NAME MAMIE ESTILL

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

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

4. Sex Female 2

5. Color or race Colored

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

6. (b) Name of husband ~~or wife~~ William Estill

6. (c) Age of husband or ~~wife if~~ alive 62 years

7. Birth date of deceased April 11 — 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	5	16	hr. min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name John Johnson
13. Birthplace Pettis Co. Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucinda Warren
15. Birthplace Boone Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Estill X
(b) Address New Franklin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-46
(Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Mt. Pleasant

18. (a) Signature of funeral director C. S. Duncan
(b) Address New Franklin Mo.

19. (a) 9-28-46 (Date received local registrar) (b) Mrs Lee Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1946 hour 4 minute 10 a M.

21. I hereby certify that I attended the deceased from Feb 4, 1946 to Sept 25, 1946
that I last saw her alive on Sept 25, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis of Lungs	unknown
Due to	
Due to	
Other conditions myocarditis (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations —
Of autopsy —

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

13B

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? —
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature G. L. Chamberlain (M. D. ~~or other~~)
Address NEW FRANKLIN Date signed 9-28-46

(Licensed Embalmer's Statement on Reverse Side)

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

32204

15
0

RECEIVED
District Health Officer No. 8

District File Number

Date Filed 10-26-46

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 L. L. Lull

Licensed Embalmer No. 3515

P. O. Address New Franklin 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.