

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 52

Registration District No. 68 Primary Registration District No. 5257

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Ozark MO
(c) Name of hospital or institution St. Salloway Township
(d) Length of stay: In hospital or institution about 4 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Christian
(c) City or town Ozark Mo. Rural
(d) Street No. Rural
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Vina Estep
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov, day 13th
year 1946 hour 12 minute 5⁹ A.M.

4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife J.C. Estep
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Feb 2 1868

21. I hereby certify that I attended the deceased from Oct. 28, 1946 to Nov 13, 1946 that I last saw her alive on Nov 12, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 9 Days 11

Immediate cause of death: Apoplexy, Paralyzed Right side
Due to _____
Due to _____

9. Birthplace Mo. 0

10. Usual occupation Home wife

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name Henry Wood

13. Birthplace _____

14. Maiden name Ceceline Weatherman

15. Birthplace Mo. 0

16. (a) Informant J.C. Estep

(b) Address Ozark Mo.

17. (a) Burial (b) Date thereof Nov 13 46

(c) Place: burial or cremation Walnut Shade Mo.

18. (a) Signature of funeral director T. B. Chabbin

(b) Address Ozark Mo.

19. (a) Dec. 30 1946 (b) Jutta M. Leonard (c) 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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature J. V. Wade (M. D. or other) _____
Address Ozark Mo. Date signed 12-3-46

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

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 147-124

Date Filed JAN 15 1947

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 T. B. Chaffin

Licensed Embalmer No. 2192

P.O. Address: Ozark 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.