

FILED MAR 6 1947
Registration District No. 7

Primary Registration District No. 3008

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

1. PLACE OF DEATH

(a) County Callaway

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

(c) Name of hospital or institution 816 Walnut
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

3. (a) PRINT FULL NAME Ms. Estella Cook

3. (b) If veteran, name war _____

3. (c) Social Security 486-30-9773

4. Female 5. Negro 6. (a) Divorced

6. (b) Name of husband or wife Wile 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr. 2 1897
(Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Cook

11. Industry or business _____

12. Name John Letcher

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

14. Maiden name Louisa Tuttle

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

16. (a) Informant John Letcher

(b) Address 816 Walnut, Fulton Mo

17. (a) Burial (b) Date thereof Feb 28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Side Cemetery - Fulton, Mo.

18. (a) Signature of funeral director Elis Bell

(b) Address Fulton, Mo

19. (a) Feb 28-1947 (b) Joie Merzschoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 816 Walnut
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1947 hour 12 minute 22 P M.

21. I hereby certify that I attended the deceased from April 17 1945 to Feb. 25 1947
that I last saw her alive on Feb. 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration 6 wks

Due to Coronary Arteriosclerosis 2 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 92P

Of autopsy _____

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

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 2

23. Signature Lloyd C. Hutchins (M. D. or other) P.O.
Address Fulton, Mo. Date signed 2/28/47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 3 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, ~~copy~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Eli Bell
Licensed Embalmer No. 2130
P. O. Address Fulton, 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.