No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10313

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 38

1. PLACE OF DEATH:

(a) County PIKE
(b) City or town LOUISIANA MET
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PIKE CO. HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS (Specify whether
In this community LIFETIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE 82
(c) City or town RURAL CLARKSVILLE 0
(If outside city or town limits, write "RURAL")
(d) Street No. CALUMET NEIGHBORHOOD 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME HENRY DUNCAN ESTES

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED 0
6. (b) Name of husband or wife IDA JANE ESTES
6. (c) Age of husband or wife if alive DEC. years
7. Birth date of deceased MARCH (Month) 24 (Day) 1864 (Year)

8. AGE: Years 82 Months 11 Days 26 If less than one day hr. min.

9. Birthplace PIKE CO. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER
11. Industry or business AGRICULTURE

FATHER
12. Name WILLIAM H. ESTES 0
13. Birthplace PIKE CO. (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name EMILY V. CORRELL 9
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant DORSEY ESTES
(b) Address RURAL, CLARKSVILLE MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/23/'47 (Month) (Day) (Year)
(c) Place: burial or cremation BUFFALO CEMETERY
18. (a) Signature of funeral director GARNER & STERNE
(b) Address LOUISIANA MISSOURI
19. (a) 3-22-47 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 20 year 1947 hour 7 minute 00 p M.

21. I hereby certify that I attended the deceased from 3/19/47, 19__, to 3/20/47, 19__; that I last saw him alive on 3/20/47, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	3-4 days.
Due to Hypertension	yrs.
Broncho-Pneumonia	4 days.
Due to General Debility	4 months.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? no (e) Means of injury no 0

23. Signature Chas K. Lewellen (M. D. ~~mother~~)
Address Louisiana, Missouri Date signed 3/22/47

37k (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-47-6625
Date Filed APR 5 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 Virginia M. Sterne, Registered Apprentice No. 491, working under my personal supervision.

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.