

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Missouri Methodist Hosptl. St. Joe Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days (Specify whether
 In this community 36 days years, months or days)

3. (a) PRINT FULL NAME William E. Estes

3. (b) If veteran, name war none

3. (c) Social Security No. no

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Nora Estes

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: Jan 10 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>4</u>	<u>5</u>	hr. _____ min.

9. Birthplace Platte Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Business

12. Name Bluford Estes

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

14. Maiden name Nettie Lykins

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

16. (a) Informant Nora Estes

(b) Address Weston Missouri

17. (a) Burial (b) Date thereof 5/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dearborn Cemetery

18. (a) Signature of funeral director Reuban Davis

(b) Address Dearborn Missouri

19. (a) 5-19-47 (b) G. B. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Weston Missouri Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
 year 1947 hour 11 minut 30 A.M.

21. I hereby certify that I attended the deceased from 5-10-47
 1947 to 5-15-47 1947
 that I last saw him alive on 5-15-47 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal intolixation Duration 1 1/2 hrs

Due to Intestinal obstruction 10 day

Due to Strangulated inguinal hernia ? 10 days

Other conditions 122H
(Include pregnancy within 3 months of death)

Major findings: Strangulated hernia with perforation of gut

Of operations _____

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)

(e) Means of injury 1

23. Signature Paul Ferguson (M. D. or other) _____
 Address St. Joseph, Mo. Date signed 5-17-47

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 Reuben Davis.....

Licensed Embalmer No..... 4160.....

P. O. Address..... Dearborn Missouri.....

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.