

FILED JUN 9 1947 STANDARD CERTIFICATE OF DEATH

State File No. 17903

Registration District No. 166

Primary Registration District No. 5605

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Knob-Noster Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community years, months or days

3. (a) PRINT FULL NAME J. M. ESTES.

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

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maggie L. Estes
6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Jan-26-1868 (Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 24
If less than one day hr. min.

9. Birthplace Johnson Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name George Estes

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

14. Maiden name Marguerite Warnick

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

16. (a) Informant Mrs. Maggie Estes

(b) Address Knob-Noster Rural

17. (a) Burial (b) Date thereof May 22-47 (Month) (Day) (Year)

(c) Place: burial or exhumation City Cem. J.M. Mo.

18. (a) Signature of funeral director L. Saults

(b) Address Knob-Noster Mo.

19. (a) May 21, 1947 (b) Emma L. Beatty (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson
(c) City or town Knob-Noster Rural
(d) Street No. 600
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1947 hour 12 minute 30 AM

21. I hereby certify that I attended the deceased from March 1, 1947 to May 20, 1947 that I last saw him alive on May 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis
Duration 3 yr.

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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) Means of injury

23. Signature (L. S.) (M. D. or other) M.D.
Address Knob-Noster Mo Date signed May 21, 1947

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

MOTHER FATHER

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 C. L. Sauls
Licensed Embalmer No. 1086
P. O. Address Knob Noster Me

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.