

Registration District No. 40

Primary Registration District No. 40 65

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Caldwell
 (b) City or town Polo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell
 (c) City or town Polo
(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 _____

3. (a) PRINT FULL NAME Florence M. Estess

3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm. Estis
 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased Sept. 21 1859
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 9
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Zimmerman

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

14. Maiden name Margaret Hemery

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

16. (a) Informant Floyd Estis

(b) Address Polo Mo

17. (a) Burial (b) Date thereof 8-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingston Mo

18. (a) Signature of funeral director Alspach & Cooley

(b) Address Polo Mo

19. (a) Sept 14 1947 (b) Gladys Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
 year 1947 hour 6:30 minute A.M.

21. I hereby certify that I attended the deceased from 2-12-45
 to 8-29 1947;
 that I last saw her alive on 8-29 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Exhaustion
 Due to Carcinoma of Stomach
 Due to _____

Duration
2 wks
2 yrs

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

Major findings: Of operations H&P
 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

23. Signature C. H. Wilbur M.D.
 Address Polo Mo Date signed 8-30-47

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

MOTHER FATHER

DEC 18 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Wayne H. Hellemen Registered Apprentice No. *77*
working under my personal supervision.

Signed *Dean Allspaugh*
Licensed Embalmer No. *2968*
P. O. Address *Polo 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.