No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

42001

State File No.

FILED JAN 7 1947

Registration District No. 46

Primary Registration District No. 3026

Registrar's No. 392

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 65 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 416 W. College
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sam Estes

3. (b) If veteran, name war No

3. (c) Social Security No. 490-09-2520

4. Sex Male

5. Color or race Negro

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

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

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

7. Birth date of deceased February 12, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	10	13	hr. min.

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

10. Usual occupation Hodcarrier

11. Industry or business

FATHER
12. Name Clint Estes
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Piccola Estes
(b) Address 416 W. College

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/47
(Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address 1729 Lydia Ave. Mo.

19. (a) 12-27-47 (Date received local registrar) (b) [illegible] (Registrar's signature) 354

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th
year 1947 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 20 Dec 1947 to 25 Dec 1947
that I last saw him alive on 25 Dec 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Appendicitis, acute	5 days
Peritonitis, acute	"
Due to Paralytic ileus	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) MD
Address Indep. Mo Date signed 12-26-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 12 1948

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 Bruce Riley, Registered Apprentice No. 5-11, working under my personal supervision.

Signed L. Jerome Maslone

Licensed Embalmer No. 3994

P. O. Address 2503 Highland