

FILED FEB 17 1948

Registration District No. 38

Primary Registration District No. 3006

State File No. _____

Registrar's No. 41

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Niedermeyer Apts. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 78 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone 10
 (c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
 (d) Street No. Niedermeyer Apts. 4
(If rural, give location)
 (e) Citizen of foreign country? No 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY ESTES
 3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 3
 year 1948 hour 8 minute _____ P. M.

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Joseph Estes 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 10 - 1 - 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 3 1948 to Feb 3 1948
 that I last saw her alive on Feb 3 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 4 Days 2 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral hemorrhage 12 hrs
 Due to Atherosclerosis & hypertension ?

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

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

10. Usual occupation At Home

Major findings:
 Of operations _____
 Of autopsy g3

MOTHER FATHER
 11. Industry or business _____
 12. Name H.C. Pierce
 13. Birthplace Amberst Court House Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Harris
 15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant J.P. Estes
 (b) Address Niedermeyer Apts., Columbia, Mo.
 17. (a) Burial (b) Date thereof 2-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Columbia Cemetery
 18. (a) Signature of funeral director Barber Funeral Service
 (b) Address Columbia, Mo.
 19. (a) Feb 5 1948 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature) 31

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature E. H. Gaskett (M. D. or other) MD
 Address Columbia, Mo. Date signed 2/5/48

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

RECEIVED
District Health Officer No. 9,
District File Number FEB 13 1948
Date Filled

JAN 16 1958

MAR 1 1950

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 Chas L Lanning

Licensed Embalmer No. 4132

P. O. Address Columbia, Md

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.