

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUN 21 1948

State File No. _____

Registration District No. 2

Primary Registration District No. 5212

Registrar's No. 241

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Union Star Rural Empire
(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)
In this community 34 yrs. years, months or days

3. (a) PRINT FULL NAME Robert Roy Estep

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Mamie Estep 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 25, 1880 (Month) (Day) (Year)

8. AGE: Years 68 Months _____ Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John W. Estep
18. Birthplace Unknown Ind. 1 (City, town, or county) (State or foreign country)

{ 14. Maiden name Conanda Hattgel
15. Birthplace Unknown Ill. 1 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mamie Estep
(b) Address Union Star Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Union Star Mo

18. (a) Signature of funeral director Lucile M. Wilson
(b) Address King City Mo

19. (a) 6-9-48 (Date received local registrar) (b) Albion Spotts (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew
(c) City or town Union Star Rural Empire
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 miles Northwest of Union Star Mo (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1948 hour 11 minute _____ PM.

21. I hereby certify that I attended the deceased from Jan 1, 1948 to June 7, 1948 that I last saw operative on June 5 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Prostate Gland Duration 2 yrs.

Due to _____

Due to _____

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

Major findings: Of operations 510 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 C

23. Signature E. M. Reynolds (M. D. or other) _____ Address Union Star Mo Date signed 6-9-48

Jan 1 1966

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed: *Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address: *King City 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, above space should be left blank.