FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23060

FILED JUL 19 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2796

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 7 Days (Specify whether

In this community 7 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 45

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

(d) Street No. 1 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Jack Estes

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 81 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Retired Carpenter

11. Industry or business

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

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

16. (a) Informant Hospital Records

(b) Address 11th & Harrison

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 7, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Glasgow, Mo

18. (a) Signature of funeral director Dixon L. Kepley

(b) Address Independence, Mo

19. (a) 7-7-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 6-29-48, 19, to 7-6, 1948 that I last saw him alive on 7-6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 108	
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 2

23. Signature J. J. McGrath (M.D. or other) DO

Address 1727 Indep Av Date signed 7-7-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

1727 Indep
VE 8203
Bc. 5291

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 Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Independence 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.