

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30412

FILED SEP 27 1948

State File No. _____

Registration District No. 210

Primary Registration District No. 5770

Registrar's No. 160

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Rural - Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. West of Princeton, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Estella G. Squires

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 Married
6. (b) Name of husband or wife George Squires 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased May 11 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 30 hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER

12. Name James Combs

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

14. Maiden name Elizabeth Perkins

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

16. (a) Informant George Squires

(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof 9-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goshen Ceme.

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) 9-14-48 (b) M. J. Rutz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1948 hour 6:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from February
1945, to Sept 10, 1948
that I last saw her alive on Sept 09, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder and rectum

Due to _____
Due to _____

Other conditions Arteriosclerotic hypertension
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy HUP

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? 0

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature M. J. Rutz (M. D. or other) MD
Address Princeton, Mo. Date signed 9/14/48

Duration

1 yr

5 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Ivan Marten*
Licensed Embalmer No. 3760
P. O. Address Princeton, 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.