

FILED JAN 11 1948

Registration District No. 59

Primary Registration District No. 5234

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Wapacola
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ambulance on 21 Highway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass 19
(c) City or town Brighton
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALBERT GLENN ESTEP

3. (b) If veteran, name war NONE 3. (c) Social Security No. 500-20-2215

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

6. (b) Name of husband or wife LILLIE MAE ESTEP 6. (c) Age of husband or wife if alive 27 years (Month) (Day) (Year)

7. Birth date of deceased Dec 27 1902
(Month) (Day) (Year)

8. AGE: Years 43 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

12. Name ALVIN ESTEP

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

14. Maiden name ADDIE COBB

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

16. (a) Informant Mrs Albert S. Estep

(b) Address Brighton Mo. Rt. 1

17. (a) Burial (b) Date, thereof Jan 2 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cem

18. (a) Signature of funeral director A. W. Wansant

(b) Address Brighton Mo

19. (a) Jan 2 - 1948 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1945 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from Dec 31/45
19... to ... 19...
that I last saw him alive on ... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Due to injury sustained by fracture skull, internal fractures skull, internal
Due to injuries from automobile

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 700
Of autopsy gsh

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 19
(b) Date of occurrence Dec 31/45
(c) Where did injury occur? Cross Cass Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place rail road crossing
While at work? yes (Specify type of place) (e) Means of injury train

23. Signature B. M. Sheffer (M. D. certifier)
Address Brighton Mo Date signed

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

MOTHER FATHER

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

1432

Crown Cem Co

9461 21 JAN 1946

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, ~~by~~

..... Registered Apprentice No.

working under my personal supervision.

Signed

W. D. Carisant

Licensed Embalmer No.

3779

P. O. Address

Clinton

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.