

FILED DEC 16 1942

Registration District No. 297

Primary Registration District No. 6022

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community none
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Milton R. Estes

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

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 Sept. 19 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	3	3	_____ hr. _____ min.

9. Birthplace Madison Co. Ken.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Eliga S. Estes

{ 13. Birthplace Madison Co. Ken.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ann Baker

{ 15. Birthplace Madison Co. Ken.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Milton Estes

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof Nov. 24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo. 11-24-42

18. (a) Signature of funeral director J. B. Brothers

(b) Address Richmond Mo.

19. (a) Nov. 23, 1942 (b) Mrs. Charles W. Sheppard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Richmond Mo. Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country Madison Co. Ken.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 23
year 1942 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 11-18-42
to 11-23-42, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Duration ?

Due to _____

Due to _____

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Duration ?

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy 1316

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

23. Signature J. W. Coover (M. D. 026620)

Address Richmond, Mo. Date signed 11-27-42

1280

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-14-42

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 _____

J.R. Brothers

Registered Apprentice No. _____

working under my personal supervision.

Brothers Funeral Home

Signed _____

J.R. Brothers (owner)

Licensed Embalmer No. **2001**

P. O. Address **Richmond 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.