

SEP 19 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28638

Registration District No. 373

Primary Registration District No. 4219

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Oregon
(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 40 years
years, months or days)

3. (a) PRINT FULL NAME Estella Harris Petree 360

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Frank Petree 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased November 25 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>8</u>	<u>25</u>	hr. _____ min _____

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name: Charles Harris

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

14. Maiden name Sarah Wright

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

16. (a) Informant Frank Petree

(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof 8/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pettigrew

(b) Address Oregon, Missouri

19. (a) August 22, 40 (b) Ralph E. Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

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

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

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th
year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 20, 1934
1934, to August 20, 1940
that I last saw h. er alive on August 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy and Myocardial infarction

Due to Hypertension

Due to _____

Other conditions 87.11
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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? _____

334 (Specify type of place) _____ (e) Means of injury _____ 3

23. Signature Nelle D. Turney (M.D. or other) D.O.
Address Oregon, Mo. Date signed 8-20-40

RECEIVED
District Health Officer No. 11
District File Number 940-1385
Date Filed SEP 12 1948

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 James H. Pettigrew
Licensed Embalmer No. 3192
P. O. Address Oregon 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.