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13-40
7-39
K23159

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 290

1. PLACE OF DEATH: Calloway
 (a) County Fulton
 (b) City or town _____
 (c) Name of hospital or institution: State Hospital # 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 days
 (Specify whether
 In this community _____
 years, months or days) 3

3. (a) PRINT FULL NAME John Estmond
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Colored
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife D.K. 6. (c) Age of husband or wife if alive 11 years
 7. Birth date of deceased AUG. 11 1882
 (Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation FARMER
 11. Industry or business FARM

12. Name John Estmond
 13. Birthplace OK (City, town, or county) OK (State or foreign country)
 14. Maiden name MARY MASON
 15. Birthplace OK (City, town, or county) OK (State or foreign country)

16. (a) Informant Daughter, MRS. Lett
 (b) Address 906 N. 20th St. St. Louis

17. (a) Removal (b) Date thereof Nov. 10, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Louis Mo

18. (a) Signature of funeral director W. J. Green
 (b) Address 3517 Jackson Ave

19. (a) Nov. 10, 1940 (b) P. N. Crews
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County St. Louis City
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 906 N. 20th Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 10
 year 1940 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from Oct. 15, 1940, to Nov. 10, 1940
 that I last saw him alive on Nov. 10, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Softening Duration 1 month
 Due to Cerebral Vascular Problems

Due to _____
 Other conditions Hypertension
 (Include pregnancy within 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? 106
 (Specify type of place) _____ (e) Means of injury _____

23. Signature Geo. J. Wood (M. D. or other) _____
 Address State Hoop #1 Fulton Date signed 11-20-40

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

MOTHER FATHER

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

W. M. Green

Licensed Embalmer No.

1173

P. O. Address

3817 La Cade

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.