

Registration District No. 698 1941

Primary Registration District No. 5918

Registrar's No. 12

1. PLACE OF DEATH: Pike Hartford Twp Mo
 (a) County _____
 (b) City or town _____
 (c) Name of hospital or institution: Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No
 In this community 83-5-21 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pike 82
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Near Louisville Mo
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Luke Huff Estes
 3. (c) Social Security No. No
 3. (b) If veteran, name war No

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mollie Estes
 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased July 8 1857
 (Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 21
 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name Erno Ester
 13. Birthplace D. K. Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Shackelford
 15. Birthplace Fayette Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mollie Estes
 (b) Address Louisville Mo

17. (a) Burial (b) Date thereof Dec 30 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisville Cemetery

18. (a) Signature of funeral director W. B. Emerson
 (b) Address Bowling Green

19. (a) Jan 5 1941 (b) Mark Pys Moore
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29
 year 40 hour 12 minute 10 P. M.
 21. I hereby certify that I attended the deceased from 1930
 _____, 19____, to 12/29/40, 19____
 that I last saw him alive on 12/28/40, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Bronchial Asthma
 Due to _____
 Due to _____

Duration weeks
50yr

Other conditions _____
 (Include pregnancy within 3 months of death) 112

Major findings:
 Of operations _____
 Of autopsy _____
 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?
825

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature J. M. Thum (M. D. or other) MD
 Address Bowling Green Date signed 1/2/41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 2-41-28-4

Date Filed FEB 8 1941

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 H. B. Elmore

Licensed Embalmer No. 3466

P. O. Address Bonning Green

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.