

## STANDARD CERTIFICATE OF DEATH

11238

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

## 1. PLACE OF DEATH:

(a) County Lincoln  
 (b) City or town Rural (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 in the community  
 years, months or days 10 yr.

8. (a) PRINT FULL NAME ERNEST EARNEST ROY ESTES

8. (b) If veteran, name war World War 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Altha 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased October 1 1887  
 (Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Belle Prairie Ill  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

## 11. Industry or business

12. Name John W Estes  
 13. Birthplace Belle Prairie Ill  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Jennie Miller  
 15. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant Altha Todd Estes  
 (b) Address Carson Mo.

17. (a) Burial (b) Date thereof April 5, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Liberty Cem.

18. (a) Signature of funeral director Wayne H. Boy  
 (b) Address Tracy Mo.

19. (a) Apr. 7-41 (b) Huby Pennington  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln  
 (c) City or town Rural (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 April day 3  
 year 1941 hour 7.00 minute A M.

21. I hereby certify that I attended the deceased from March 24, 1941 to April 3, 1941  
 that I last saw him alive on April 2, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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?  
447 (Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature R.M. Paen (M. D. or other) \_\_\_\_\_  
 Address Silcox Mo. Date signed April 4 1941

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

Correction by Assistant of Cemetery Director 3-8-41 File

FILED APR 11 1941  
 APR 11 1941

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**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.....

*Wayne McCoy*

Licensed Embalmer No. *3586*

P. O. Address *Jay 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County Lincoln

(b) City or town Rural Minersh  
(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 In this community  
years, months or days 10 yr

8. (a) PRINT FULL NAME ERNEST ROY ESTES

8. (b) If veteran, name war World War

3. (c) Social Security No. None

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Altha Todd Estes

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased October 1 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>6</u>	<u>2</u>	hr. min.

9. Birthplace Belle Prairie Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John W Estes

13. Birthplace Belle Prairie Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Miller

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

16. (a) Informant Altha Todd Estes

(b) Address Corso Mo

17. (a) Burial (b) Date thereof April 5 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Liberty Cemetery

18. (a) Signature of funeral director Wayne M & Boyl

(b) Address Tray Mo

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town 0 - 1041 Rural  
(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 April day 3  
year 1941 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from March 24 1941, to April 3 1941  
that I last saw him alive on April 3 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 R. M. Penner (M. D. or other) \_\_\_\_\_  
Address Selex Mo Date signed April 4 1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1941  
5-11238

**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 Wayne McBoyle  
Licensed Embalmer No. 3586  
P. O. Address Irion 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.**



368

1941  
5-11-238

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**