

Registration District No. **460**

Primary Registration District No. **427A**

1. PLACE OF DEATH:

(a) County **Lafayette**

(b) City or town **Higginsville**

(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 **All his life** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette**

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

(d) Street No. **1** (If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Eugene Estofe**

3. (b) If veteran, name war **World War**

3. (c) Social Security No.

4. Sex **Male** 5. Color or race **Col**

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 **July 23- 1890**

(Month) (Day) (Year)

8. AGE: Years **50** Months **9** Days **6** If less than one day hr. min.

9. Birthplace **Higginsville Mo. U**

(City, town, or county) (State or foreign country)

10. Usual occupation **Barber & Other Labor**

11. Industry or business

12. Name **Henry Estofe**

13. Birthplace **Fayette, MO** (City, town, or county) (State or foreign country)

14. Maiden name **MINNE Woods**

15. Birthplace **Don't know Fayette Mo U** (City, town, or county) (State or foreign country)

16. (a) Informant **Higginsville Mo.**

(b) Address

17. (a) **Burial** (b) Date thereof **May 2-1941**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Higginsville Mo.**

18. (a) Signature of funeral director **Walter Haefer & Sons**

(b) Address **Higginsville Mo.**

19. (a) **May 8-41** (b) **Tiffany Webb**

(Date received local registrar) (Registrar's signature)

Permit **4258649**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **29** 1941

year _____ hour **3** minute **55** A.M.

21. I hereby certify that I attended the deceased from **April 27-1941**

_____ 19____ to **April 28, 1941**

that I last saw him **in** alive on **April 28**, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** April 27

Due to **Hypertension** ?

Due to **Arteriosclerosis** ?

Other conditions (Include pregnancy within 3 months of death) **g3w**

Major findings: **None**

Of operations

Of autopsy

Duration

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 **29**

(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? **113**

(Specify type of place) (e) Means of injury

23. Signature **W. J. Jaseel** (M. D. or _____)

Address **Higginsville Mo.** Date signed **4/29**

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

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 ^{me}.....

....., Registered Apprentice No. **E838**
working under my personal supervision.

Signed *Robert J. Haeger*
.....

Licensed Embalmer No. **539**

P. O. Address **Higginsville, 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.