No. 2
4-13-40
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I X23159

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

DEP[illegible]MENT OF COMMERCE
[illegible]AU OF THE CENSUS
UG 7 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25709

State File No. 25709

[illegible] District No. 607 Primary Registration District No. 4361 Registrar's No. 41

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Portageville
(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 years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid 72
(c) City or town (If outside city or town limits, write "RURAL") 6
(d) Street No. ✓ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME DIGIE FRANKLIN ESTES
3. (b) If veteran, name 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 Susie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. (Month) 16 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
56	3	27	hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Labourer
11. Industry or business ✓
FATHER
12. Name George Estes
13. Birthplace unknown (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Ela Williams
15. Birthplace unknown (City, town, or county) 0 (State or foreign country)
16. (a) Informant Susie Estes
(b) Address Portageville Mo.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 7-14-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville cemetery
18. (a) Signature of funeral director De Weese Funeral Home
(b) Address Portageville Mo.
19. (a) 7-31-1941 (Date received local registrar) (b) Mary W. Cox (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 13 year 1941 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 6, 1941, to July 13, 1941, that I last saw him alive on July 13, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac decompensation	2 wks.
Due to Aortic insufficiency	3 yrs
Due to Syphilis, Visceral	15 yrs
Other conditions (Include pregnancy within 3 months of death) none	

Major findings:
Of operations 30 yrs none
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. C. Leonard (M. D. or other) M.D.
Address Portageville, Mo. Date signed 7-14-41.

(Licensed Embalmer's Statement on Reverse Side)

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~~ Noel C. Dean, Registered Apprentice No. ..... working under my personal supervision.

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25709

Registration District No. 607 Primary Registration District No. 4361 Registrar's No. 41

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Portageville
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County New Madrid
(c) City or town Portageville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Digie F Eates
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 7-31-1941 (Date received local registrar) (b) Mary W. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 13 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed