

Registration District No. 10-71

Primary Registration District No. 568A

Registrar's No. 15

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Avalon
(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 38 years. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Avalon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Abigail Esterbrook

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife J.G. Esterbrook 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 11 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 5 If less than one day
hr. _____ min. _____

9. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Benjamin Foster
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Lanathy Griffith
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Jessie Esterbrook

(b) Address Avalon, Missouri

17. (a) Burial (b) Date thereof 12-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Avalon, Mo. Cem.

18. (a) Signature of funeral director F. B. Norman Funeral
(b) Address Chillicothe, Mo.

19. (a) 12-19-41 (b) Mrs. Nan Fullerton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1941 hour 7:00 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 1918 to Dec 16 1941
that I last saw her alive on Dec 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heart decompensation
Due to Chronic myocarditis

Other conditions (Include pregnancy within 8 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?

23. Signature P. B. Brennan (M. D. or other) _____
Address Chillicothe, Mo. Date signed 12/18/41

Duration
?
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....
Elton F. Norman & E. R. Norman (2374)....., Registered Apprentice No.....
working under my personal supervision.

Signed

Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.