V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 9 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3936

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2310 East 6th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------- (Specify whether
In this community 17 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2310 East 6th Street
(If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country --- 0

3. (a) PRINT FULL NAME Mrs. Lola Estes
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Marreid
6. (b) Name of husband or wife Mr. Edward E. Estes
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased May (Month) 1 (Day) 1883 (Year)

8. AGE: Years 59 Months 5 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Prescott (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Jack C. Graham
13. Birthplace Louisiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown Fish
15. Birthplace Louisiana (City, town, or county) (State or foreign country)
16. (a) Informant Edward E. Estes
(b) Address 2310 East 6th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 10-26-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th year 1942 hour 7 minute 30A. M.
21. I hereby certify that I attended the deceased from Aug 19-42, 19..., to Oct 25, 1942; that I last saw her alive on Oct 25, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to Chronic nephritis	
Due to 131 B	
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)
(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 Don Nigro MD (M. D. or other)
Address 25 Argyle Bldg Date signed 10/26/42

(Licensed Embalmer's Statement on Reverse Side)

Estes

Dr. D. M. Nigro
525 Argyle Bldg
11-5-30

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 C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. 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.