

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9529

Registrar's No. 74

REG. APR 14 1943
Registration District No. 38

Primary Registration District No. 3006-5-120

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

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1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 703 N. 8th St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 74 Years _____ (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 703 N. 8th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNIE EMILY ESTES

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 23
year 1943 hour 11:30 minute A. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Thomas Estes

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

7. Birth date of deceased 12 - 23 - 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar - 20 1943, to Mar 23 1943
that I last saw her alive on Mar 20 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>3</u>	<u>0</u>	_____ hr. _____ min.

Immediate cause of death Coronary Thrombosis

Due to Arterio-sclerosis

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94 d

10. Usual occupation At Home

Major findings: _____

Of operations none

11. Industry or business _____

12. Name Walker Hatton

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Yeager

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

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant W.T. Estes

(b) Address 703 N. 8th St., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3-25-43
(Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

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? _____

18. (a) Signature of funeral director Parsons Funeral Service

(b) Address Columbia, Mo.

19. (a) 3-25-43 (Date received local registrar)

(b) Edna H Barber (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature F.C. Siggelt (M. D. or other) M.A.

Address Columbia, Mo. Date signed 3-24-43

1290

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.....

M. D. Whitfield

Licensed Embalmer No.....

3893

P. O. Address.....

Columbia 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.