

S. No. 2  
 00M-2-43  
 Rev. 5-17-39  
 X35697

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

9045

FILED MAR 3 1947  
 149

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 725

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:  
4975 Ward Parkway  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution NO.  
(Specify whether  
 In this community 45 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. 4975 Ward Parkway  
(If rural, give location)  
 (e) Citizen of foreign country? NO.  
 If yes, name country X

3. (a) PRINT FULL NAME Charles Emmett Esterley  
 (b) If veteran, name war World War #1  
 (c) Social Security No. 500-22-7582

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month February day 16  
 year 1947 hour 6:05 minute A. M.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Mrs. Leona Esterley  
 6. (c) Age of husband or wife if alive unknown years  
 7. Birth date of deceased March 3 1898  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-10-47 to 2-16-47 1947  
 that I last saw him alive on 2-15-47 1947  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	48	11	13	hr. min.

Immediate cause of death  
Coronary occlusion

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Theater Operator

Due to Hypertension & General Arteriosclerosis

11. Industry or business X  
 12. Name Charles Esterley  
 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

Other conditions 94a  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy M

14. Maiden name FRANCES CARR  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Leona Esterley  
 (b) Address 4975 Ward Parkway, K. C., Mo.  
 17. (a) burial (b) Date thereof 2-18-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Moriah 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 Stine & McClure  
 (b) Address 3235 Gillham Plaza, K. C., Mo.  
 19. (a) 2-17-47 (b) Heraldine Holmes  
(Date received by registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address [Address] Date signed 2/17/47

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

*Coffin Body*

1961 JUL 8 10P

Dr. Leitz

**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 *J. Clair Shipp*  
Licensed Embalmer No. *4179*  
P. O. Address *R. C. Mas*

**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.**