

FILED APR 1 1947
 149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1236

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
(Specify whether
 In this community life
years, months or days)

3. (a) PRINT FULL NAME Joseph B. Esterley

3. (b) If veteran, name war no.
 3. (c) Social Security No. 495-07-6778

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Bonita J. Esterley
 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased December 2 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	3	13	hr. min.

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

10. Usual occupation Chief Underwriter

11. Industry or business K.C. Branch Aero Insurance Underwriters Co.

MOTHER FATHER

12. Name John Esterley

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Bonita J. Esterley

(b) Address R. F. D., Liberty, Missouri

17. (a) burial (b) Date thereof 3-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-18-47 (b) Shiraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
 (c) City or town Liberty
(If outside city or town limits, write "RURAL")
 (d) Street No. R. F. D.
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
 year 1947 hour _____ minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from March 6, 1947, to March 15, 1947,
 that I last saw him alive on March 14, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 10 days
 Due to Vascular hypertension 6 mo?
 Due to Polycystic kidneys Prolonged

Other conditions 824
(Include pregnancy within 3 months of death)

Major findings: 824
 Of operations: ✓

Of autopsy As above.

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?

While at work? 0 (Specify type of place)
 (b) Means of injury _____

23. Signature Frank R. Boushous (M. D. or other) MD
 Address 1103 Grand Ave. I.C.M. Date signed 3-17-47

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

197- Colburn & Son

Trachman

Prof. Reed

APR 29 1947

FEB 10 1948

NOV 8 1956

JUL 9 1947

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address 11C 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.