

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20282

FILED JUL 1 1947
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 197

16
14
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Bollinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Scopus
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANKLIN ESTES

20. DATE OF DEATH: Month June day 12
year 1947 hour 3 minute 40 M.

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

21. I hereby certify that I attended the deceased from 6/11, 1947, to 6/12, 1947
that I last saw him alive on 6/11/47
and that death occurred on the date and hour stated above.

4. Sex m. 5. Color or race w
6. (a) Single, widowed, married, divorced Child

Immediate cause of death Pneumonia Duration _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 17 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 8 25 hr. _____ min.

Due to Whooping Cough
complication
Due to _____

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

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

10. Usual occupation Student

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Lee Estes
13. Birthplace Lutesville Mo
(City, town, or county) (State or foreign country)
14. Maiden name Maudie Cook
15. Birthplace Lutesville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maudie Estes
(b) Address Lutesville Mo

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? _____

17. (a) Burial (b) Date thereof June 13, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion Cemetery

While at work _____ (Specify type of place)
(e) Means of injury _____

18. (c) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo.
19. (a) 6-28-47 (b) G. S. Summer
(Date received local registrar) (Registrar's signature)

23. Signature G. S. Summer (M. D. or other) _____
Address _____ Date signed 6/23/47

RECEIVED

District Health Officer No. 4
District File Number 647-826
Date Filed 6-30-47

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. E. Graham

Licensed Embalmer No. 4010

P. O. Address Luttsville, 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.