S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1947

Registration District No. 47

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23573

Primary Registration District No. 5167

Registrar's No. 270

1. PLACE OF DEATH:

(a) County Callaway Co.

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

(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community One month

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway 14

(c) City or town Hatton 0
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

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

3. (a) PRINT FULL NAME John Thomas Estes

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W.

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased May (Month) 7 (Day) 1856 (Year)

8. AGE: Years 91 Months 2 Days 21 If less than one day — hr. — min.

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

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name William B. Estes
13. Birthplace — (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Margaret O'Donnell
15. Birthplace — (City, town, or county) Mo (State or foreign country)

16. (a) Informant R. L. McDonald
(b) Address Hatton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Rush Springs

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 912 Court St. Fulton, Mo.

19. (a) July 30 1947 (Date received local registrar) (b) Joan Monnig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th year 1947 hour 10 05 minute AM.

21. I hereby certify that I attended the deceased from July 14, 1947, to July 28, 1947, that I last saw him alive on July 14, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastro Enteritis

Due to —

Due to —

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

Major findings:
Of operations —

Of autopsy —

Duration

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 B. R. Nichols (M. D. or other)

Address Chillicothe Mo Date signed 7-31-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 8-6-47

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 Theodore Skinner Jr., Registered Apprentice No. 55, working under my personal supervision.

Signed Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.