

FILED DEC 3 1947  
Registration District No. **278**

Primary Registration District No. **4448**

Registrar's No. **18**

1. PLACE OF DEATH:

(a) County **Ray**  
(b) City or town **Lawsan**  
(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.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **WILLIAM GEORGE ESTILL**

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 **widowed**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **Jan 16 1860**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**87 10 11** hr. min.

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

10. Usual occupation **Doctor M.D.**

11. Industry or business.....

12. Name **William H. Estill**  
13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Jane Denny**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **L.P. Estill**  
(b) Address **Lawsan, Mo**

17. (a) **Burial** (b) Date thereof **Nov 29 '47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lawsan Cemetery**

18. (a) Signature of funeral director **Jarman - Prichard**  
(b) Address **Lawsan, Mo**

19. (a) **Nov 28 1947** (b) **Mrs. Raymond Krove**  
(Date received local registrar) (Registrar's signature) **364**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **27**  
year **1947** hour **7** minute **5** P.M.

21. I hereby certify that I attended the deceased from **Nov 17 1947** to **Nov 27 1947**  
that I last saw him alive on **Nov 27 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Right Hemiplegia**  
Due to **Arteriosclerotic hypertension**  
Due to **Senility**

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?

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature **Oliver D. Duesler** (M. D. or other)  
Address **Lawsan** Date signed **Nov 28 1947**

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

MOTHER FATHER

89  
0  
0  
0

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-2-47

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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..... *E. E. White*

Licensed Embalmer No. 4168

P. O. Address Exclusion, Sigs, 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.**