

No. 2
A-5-43
5-17-39
I X36671

FILED DEC 16 1947
Registration District No. _____

Primary Registration District No. 3010

State File No. _____
Registrar's No. 385

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: Family Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community all life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Alvin Estner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

5. Color or race Male w

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

6. (b) Name of husband or wife Myrtle

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May 6-1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	6	28	hr. min.

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

10. Usual occupation Auto parts Co.

11. Industry or business _____

12. Name Mr. W. Estner

13. Birthplace Cape Gir County
(City or town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Estner

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof 12-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Larimore

18. (a) Signature of funeral director W. G. Hawick

(b) Address Girardeau Mo

19. (a) 12-13-47 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir

(c) City or town Cape Girardeau 16
(If outside city or town limits, write "RURAL")

(d) Street No. 2131 So Sprigg
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4
year 1947 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from 6-10-47
1947 to 12-4-47 1947

that I last saw him alive on 12-4-47
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of Stomach

Due to _____

Due to _____

Other conditions: 46B
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Stomach + liver

Of operations _____

Of autopsy _____

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) (e) Means of injury

23. Signature W. G. Hawick (M. D. or other) MD

Address Cape Girardeau Date signed 12/12/47

RECEIVED

District Health Officer No. 4
District File Number 1242-1529
Date Filed 12-15-47

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cap Hill 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.