

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26279**
Registrar's No. **2980**

Registration District No. **149** Primary Registration District No. **1002**

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

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: **GENERAL HOSPITAL NO. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **118 DAYS**
In this community **22 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **1123 HIGHLAND**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **EVA TURNER ESTES (SMITH)**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **MMW**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **JULY** day **20**, year **1948** hour **3:** minute **00** A. M.
21. I hereby certify that I attended the deceased from **MARCH 23**, 19**48**, to **JULY 20**, 19**48**, that I last saw her alive on **JULY 20**, 19**48**, and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **NEGRO**
6. (a) Single, widowed, married, divorced **DIVORCED**
6. (b) Name of husband or wife **Harry Estes**
6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased: **AUGUST 26, 1883**
(Month) (Day) (Year)

Immediate cause of death **CARCINOMA OF STOMACH** Duration

8. AGE: Years **64** Months **10** Days **24**
If less than one day hr. min.

Due to
Due to
Other conditions (include pregnancy within 3 months of death) **46.5**

9. Birthplace: **DECATUR ILLINOIS**
(City, town, or county) (State or foreign country)

Major findings: Of operations
Of autopsy **SAME AS ABOVE**

10. Usual occupation: **House wife**

11. Industry or business
12. Name: **GEORGE ELLIS**
13. Birthplace: **RICHMOND VIRGINIA**
(City, town, or county) (State or foreign country)
14. Maiden name: **HATTIE YOUNG**
15. Birthplace: **SPARTA TENNESSEE**
(City, town, or county) (State or foreign country)

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?

16. (a) Informant: **ALMA SMITH (DAUGHTER-IN-LAW)**
(b) Address **1222 TRACY**
17. (a) Removal (b) Date thereof **7/21/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

While at (Specify type of place) (c) Means of injury
23. Signature **[Signature]** (M. D. or other) **M.D.**
Address **GENERAL HOSPITAL NO. 2** Date signed **7/20/48**

18. (a) Signature of funeral director: **[Signature]**
(b) Address **1212 Vine St. Kansas City, Mo.**
19. (a) 7-21-48 (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

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 _____

Leonard Huff

_____, Registered Apprentice No. *224*

working under my personal supervision.

Signed *E. Sterling Bills*

Licensed Embalmer No. *378*

P. O. Address *1212 Vine St, Kansas City, 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.