

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13920

Do not use this space.

1. PLACE OF DEATH *W. Anderson*
 (a) County *W. Anderson* Registration District No. *912*
 (b) Township *Hartford* Primary Registration District No. *6-232A* Registered No. *17*
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Henry W. Sinkhouse 526*
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Frances Sinkhouse*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 13 - 1871*
 7. AGE YEARS *66* MONTHS *5* DAYS *10* IF LESS THAN 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*13. NAME *Whitney F. Sinkhouse*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*15. MAIDEN NAME *May Candor*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*17. INFORMANT *Wm. H. W. Sinkhouse*
(ADDRESS) *Tandalia Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Kelly Comy* DATE *May 25 1938*19. FUNERAL DIRECTOR *W. J. H. H. H.*
(ADDRESS) *Van Dalias*20. FILED *April 15 1938* *Camie F. Atterback*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-23 1938*22. I HEREBY CERTIFY, That I attended deceased from *Mar 16 1938* to *Mar 23 1938*, 19 *38*I last saw him alive on *Mar 23 1938*. Death is said to have occurred on the date stated above, at *9:00* p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset _____*59*Other contributory causes of importance *Chronic Catarrh of Stomach*

Name of operation _____ Date of _____

What test confirmed diagnosis? *urinary* Was there an autopsy? *no*23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____(Signed) *A. H. H. H.* M. D.
(Address) *W. J. H. H. H.*

STATEMENT BY LICENSED EMBALMER

I, Tom B. Waters, Licensed Embalmer No. 3325

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

3325 L. E. No. 3325 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Tom B. Waters
Licensed Embalmer No. 3325

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.)