

FILED AUG 13 1941
Registration District No. 878

Primary Registration District No. 6203

State File No. _____

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Wabasha Rural
(b) City or town East Benton 11 1/2
(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 _____)
In this community, Lifetime years, months or days

8. (a) PRINT FULL NAME Jesse SARTIN

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white 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 Dec - 6 - 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>5</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Sartin

13. Birthplace State of Virginia (City, town, or county) (State or foreign country)

14. Maiden name Mary Pogue

15. Birthplace Wabasha Co Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Zena Johns

(b) Address Seymour, Mo R. 3

17. (a) Buried (b) Date thereof June - 6 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cardwell Chapel

18. (a) Signature of funeral director Kelly Finell

(b) Address Forsyth, Mo

19. (a) July - 14 - 41 (b) Dieter M. Good
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wabasha 11 1/2

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

(d) Street No. E. BENTON TOWNSHIP (If rural, give location)

(e) If foreign born, how long in U. S. A? no years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June - day 3rd - year 1941 hour 5 - minute 30 A. M.

21. I hereby certify that I attended the deceased from May 11, 1941, to 6-3, 1941.

that I last saw him alive on 6-2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Edema Duration _____

of lungs

Due to Mitral regurgitation

Due to inflammation of rheumatism

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

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 E. G. Beer (M. D. or other) _____

Address Seymour Mo Date signed 6-30-41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 841-1349

Date Filed AUG 9 1941

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 K. K. Kelley
Licensed Embalmer No. 3334
P. O. Address Seymour, 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, above space should be left blank.