

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1942

Registration District No. 318

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
957 W. Calhoun  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 Days  
years, months or days

3. (a) PRINT FULL NAME Anna Dent Sinclair

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grover C. Sinclair 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 31 1891  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>150</u>	<u>0</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name W.C. Dent  
13. Birthplace Dade County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Fanny Arnett  
15. Birthplace Galloway Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Grover C. Sinclair  
(b) Address Muskogee, Okla.

17. (a) Burial (b) Date thereof Feb. 4 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galloway, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 2-3-42 (b) E. W. S. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Unkushon  
(c) City or town Muskogee  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1  
year 1942 hour 2 minute p. M.

21. I hereby certify that I attended the deceased from Jan 21st 1942 to Feb 1st 1942  
that I last saw him alive on Feb. 1st 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Duration 15 to 20 years

Due to In a Coma last 24 hours

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 61  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature E.L. Evans (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed Feb 2/42

**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 Walter E Hamilton  
Licensed Embalmer No. 3802  
P. O. Address Springfield 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.**