No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7048

State File No.

FILED MAR 16 1942

Registration District No. 42

Primary Registration District No. 4253

Registrar's No. 18

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

51
1
0

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Holden Tun
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Not hospitalized
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Holden 1
(If outside city or town limits, write "RURAL")

(d) Street No. no street number 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Willis Freeman Sabin

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Lenna Sabin

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased September 5, 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	5	18	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business farming

FATHER
12. Name Hoel Sabin
13. Birthplace Unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Edi Eathinger
15. Birthplace Unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Lenna Sabin
(b) Address Holden, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Canaday & Ropp
(b) Address Holden, Missouri

19. (a) 2-26-42 (Date received local registrar) (b) Mrs Frank Morrin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day February year 1942 hour 9:45 minute A M.

21. I hereby certify that I attended the deceased from Jan 4, 1938, to February 23, 1942 that I last saw him alive on February 22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Cardio-Vascular Disease	
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy —	

938

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 Kelly Rawlins (M. D. ~~or other~~)
Address Holden Mo Date signed 2/26/42

574

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
...rrice File Number
...ate Filed 3-13-42

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 Samuel B. Ropp

Licensed Embalmer No. 4044

P. O. Address Holden 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.