

S. No. 2
A-1-4-41
7. 5-17-39

X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7536**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1942

Registration District No. **5408**

Primary Registration District No. **5408**

Registrar's No. **10**

1. PLACE OF DEATH
(a) County **PIKE**
(b) City or town **BOWLING GREEN**
(c) Name of hospital or institution **1**
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **RALLS**
(c) City or town **RURAL**
(d) Street No. _____
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **FRANCIS ALVIN SAYRE**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

20. DATE OF DEATH: Month **Feb.** day **24th.**
year **1942** hour **5** minute **30 P.** M.

4. Sex **Male** 5. Color or race **White**
6. (a) ~~Single~~ **Married** divorced **2**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from **June 1st** 19**42** to **Feb. 24th.** 19**42**
that I last saw him alive on **Feb. 24th.** 19**42**
and that death occurred on the date and hour stated above.

7. Birth date of deceased **FEBRUARY 2 1864**
8. AGE: Years **78** Months **2** Days **22**
If less than one day _____ hr. _____ min.

Immediate cause of death **Chronic myocarditis**
Due to **?**
Due to _____
Other conditions **arterial hypotension**
(Include pregnancy within 3 months of death)

9. Birthplace **CENTER MISSOURI**
10. Usual occupation **FARMER**

11. Industry or business _____
12. Name **JOHN HENRY SAYRE**
13. Birthplace **Unknown**
14. Maiden name **SARAH ROSS**
15. Birthplace **Unknown**
16. (a) Informant **Emma Lee Jarnau**
(b) Address **Bowling Green, Mo.**
17. (a) **Burial** (b) Date thereof **February 26, 1942**
(c) Place: burial or cremation **Mt. Olivet, Center, Mo.**
18. (a) Signature of funeral director **Schlagel**
(b) Address **Center, Missouri**
19. (a) **Feb. 26, 1942** (b) **Mrs. Frank Sadon**

Major findings: _____
Of operations **938**
Of autopsy _____

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? _____
(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 **JAMES R. BIGGS M.D.** (M. D. or other) **0**
Address **Bowling Green, Mo.** Date signed **2/24/42**

1148 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number

10-42-289

Date Filed

MAR 10 1942

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

Edgar B. Schlanke

Licensed Embalmer No. 4136

P. O. Address

Center, Missouri

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.