

REG. JUN 11 1943 93

Primary Registration District No. 6004

Registrar's No.

1. PLACE OF DEATH:

(a) County Rolla  
(b) City or town Rural, Lawrence township  
(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 Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Delbert Clayton Sinclair

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

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ira Sinclair  
6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased April 25 1886  
(Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

12. Name Jamae Sinclair

13. Birthplace Rolla county Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Geneva Crandall

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

16. (a) Informant Mrs Delbert Sinclair

(b) Address R.R. #2, New London, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Sinclair Cemetery

18. (a) Signature of funeral director Roy P. Spidery  
(b) Address 1070 Broadway, Hannibal, Mo.

19. (a) 5-25-1943 (Date received local registrar) (b) R. B. Berkley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Rolla 97  
(c) City or town Rural, R. #2, New London, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Lawrence township (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 1943  
year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 1943 to May 15, 1943  
that I last saw him alive on March 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

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

Other conditions Tuberculosis Sanguis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 13 b1  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence no  
(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 J. H. Hendry (M.D. or other) \_\_\_\_\_  
Address Hannibal Mo Date signed 5-21-43

Duration	
PHYSICIAN	
Underline the cause to which death should be charged statistically.	

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

57  
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RECEIVED

District Health Officer No. 10

District File Number 6-43-1042

Date Filed JUN 9 1943

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 Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 1070 Albany, Massachusetts, Ma.

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.