

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution 2601 Jackson  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 6 1/2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 2601 Jackson  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country U

3. (a) PRINT FULL NAME William M. Sines

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1944 hour 12 minute 50 P M.

21. I hereby certify that I attended the deceased from April 13 1944 to April 17 1944; that I last saw him live on April 14 1944; and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Cora L.

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June 29 1871  
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Duration few minutes

Due to Coronary artery disease

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

Other conditions (Include pregnancy within 3 months of death) 940

8. AGE: Years Months Days If less than one day

72 9 9 hr. \_\_\_\_\_ min.

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation \_\_\_\_\_

11. Industry or business Ministry

12. Name Joe Sines

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

14. Maiden name unknown

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

16. (a) Informant Cora L. Sines

(b) Address 2601 Jackson Ave

17. (a) removal (b) Date thereof 4-19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Arbor Michigan

18. (a) Signature of funeral director Thornhill Willon

(b) Address Jasper Mo

19. (a) 4-18-44 (b) Arthur Suedhalter  
(Date received local registrar) (Registrar's signature)

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 R. L. Laney (M. D. \_\_\_\_\_)

Address Joplin Mo. Date signed 4/18/44

44-4-350

MAR 19 1949

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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 Cecil A. Harshbarger  
Licensed Embalmer No. 3590  
P. O. Address Superior 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.