

**FILED MAY 13 1944**  
Registration District No. **002**

Primary Registration District No. **4451**

Registrar's No. **1489**

1. PLACE OF DEATH:

(a) County **Ripley**  
(b) City or town **Naylor**  
(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 **50 years** (Specify whether years, months or days)  
In this community **50 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ripley**  
(c) City or town **Naylor**  
(If outside city or town limits, write "RURAL")  
(d) Street No.:  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) **( )**  
If yes, name country:

3. (a) PRINT FULL NAME **CHARLES DAYTON SINSABANGH**

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

4. Sex **male** 5. Color or race **W**  
6. (a) Single, widowed, divorced, **married**

6. (b) Name of husband or wife **Jane Sinsabangh** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **Nov. 28, 1875**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **4** Days **11**  
If less than one day hr. min.

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

10. Usual occupation **Merchant**

11. Industry or business

12. Name **David A. Sinsabangh**

13. Birthplace **Lancaster, Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Jennie Self**

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

16. (a) Informant **Paul Sinsabangh**

(b) Address **Naylor, Mo.**

17. (a) **Burial** (b) Date thereof **April 12 - 44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Naylor, Mo.**

18. (a) Signature of funeral director **J. J. Schumier**

(b) Address **Naylor, Mo.**

19. (a) **May 1 - 44** (b) **Bertha White**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **9**  
year **1944** hour **3** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 2**, 1944 to **April 9**, 1944  
that I last saw him alive on **April 8**, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy**  
**Artery**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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? (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) (c) Means of injury

23. Signature **J. J. Schumier** (M. D. or other)  
Address **North Main St. Naylor** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAY BE REPRODUCED BY MICROFILM

RECEIVED

District Health Officer No. 5.

District File Number. 544240

Date Filed 5-11-44

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.....

*Dylan McCord*

Licensed Embalmer No. ....

*4079*

P. O. Address.....

*Naylor, Inc.*

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.