No. 2
5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18006

Registration District No. 120 Primary Registration District No. 4195 Registrar's No. 62

1. PLACE OF DEATH:

(a) County Gentry

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

(c) Name of hospital or institution: 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

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

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

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

If yes, name country 0

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

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 27 (Day) 1859 (Year)

8. AGE: Years 84 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Gentry County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name B. F. Sale
13. Birthplace Niles (City, town, or county) Michigan (State or foreign country)

MOTHER
14. Maiden name Sarah Armstrong
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Phil Henderson

(b) Address Gentry, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/44 (Month) (Day) (Year)

(c) Place: burial or cremation Higginville

18. (a) Signature of funeral director Clifford Brooks

(b) Address Albany Mo

19. (a) June 1-1944 (Date received local registrar) (b) Homer W. Mbaton (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month MAY day 18 year 1944 hour 7 minute P M.

21. I hereby certify that I attended the deceased from May 17, 1944, to May 18, 1944 that I last saw him alive on May 18, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage of ventricles thrum artery	2 days
Due to Arteriosclerosis	17 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a

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? Means of injury

23. Signature Charles N Williamson (M. D. or other)

Address Gentry Mo Date signed 5-20-44

(Licensed Embalmer's Statement on Reverse Side)

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Clifford Burks

Licensed Embalmer No. 3329

P. O. Address Albany 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.