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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 164

Registration District No. 157 Primary Registration District No. 3028

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(c) Name of hospital or institution: McCune-Brooks Hospital
(d) Length of stay: In hospital or institution 3 Min.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage
(d) Street No. Route #2, Carthage, Mo.
(e) Citizen of foreign country? No.
If yes, name country _____

3. (a) PRINT FULL NAME JACKIE LYNN SINK

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 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 July 22, 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 3 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Corp. A. F. Sink, Jr.

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

14. Maiden name Nina R. Jones

15. Birthplace Mt. Vernon, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Corp. A. F. Sink, Jr.
(b) Address Carthage, Missouri

17. (a) Burial (b) Date thereof 7-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) July 24, 1944 (b) Elizabeth Complin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22, year 1944 hour 5: minute 30 A.M.

21. I hereby certify that I attended the deceased from July 22 1944 to July 22 1944 that I last saw him alive on July 22 and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis probably from cerebral hemorrhage during labor

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 161a

Major findings: Of operations _____

Of autopsy 0

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 0

23. Signature: H. B. Byrd, M.D. (M. D. or other) _____
Address: Carthage, Mo. Date signed: 7-22

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

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

7
1
3

1203

(Licensed Embalmer's Statement on Reverse Side)

44

44-7-604

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..... *Edl. Ulmer*
..... Licensed Embalmer No. *2222*
..... P. O. Address..... *Parthage*

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.