

FILED FEB 2 1945
Registration District No. 90

Primary Registration District No. 5329

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Rural Oak Hill Twp.
(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 lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Red Bird
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALEXANDER WITFIELD SORRELL

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 Henretie 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased November 17 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name George Sorrell

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

14. Maiden name Jane Bowen

15. Birthplace Desnade County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John A Sorrell

(b) Address _____

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

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Millford H. H. Wister

(b) Address Owensville Mo.

19. (a) Jan. 22 45 (b) M. D. Russell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22
year 1945 hour 3 minute _____ A.M.

21. I hereby certify that I attended the deceased from Jan. 2 45 to Jan. 22 45
that I last saw him alive on Jan. 21 45
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs.

Due to _____
Due to _____

Other conditions Left Hemiplegia 2 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Paul A. Brown (M. D. or other) _____
Address Owensville, Mo. Date signed 1-22-45

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 Ma
....., Registered Apprentice No.
working under my personal supervision.

Signed Melford H. D. Winter
Licensed Embalmer No. 3838
P. O. Address Evensville 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.