

FILED JAN 14 1946

Registration District No. 252

Primary Registration District No. 2381

Registrar's No. 9

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Hopkins
 (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. 65 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway 74
 (c) City or town Hopkins, (If outside city or town limits, write "RURAL") 3
 (d) Street No. / (If rural, give location) 1
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ora Henry Sayler

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 Married
 6. (b) Name of husband or wife Bertha Sayler 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased Jan 13 1874 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>13</u>	hr. min.

9. Birthplace Warren County Ill. / (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Hardware

MOTHER FATHER
 12. Name Josepa Henry Sayler
 13. Birthplace Warren County Ill. / (City, town, or county) (State or foreign country)
 14. Maiden name Ella Pierce
 15. Birthplace Warren County Ill. / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertha Sayler
 (b) Address Hopkins, Mo.

17. (a) Burial / (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1945 (Month) (Day) (Year)
 (c) Place: burial or cremation Hopkins, Mo.

18. (a) Signature of funeral director Stanley Swanson
 (b) Address Hopkins, Mo.

19. (a) 1-4-46 (Date received local registrar) (b) Geo. H. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1945 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10/1 1945 to 12/26/45 that I last saw him alive on 12/26/45 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchiectasis Duration 10 yrs

Due to Chronic Bronchitis (not tubercular) unknown

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 10
 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) (e) Means of injury _____

23. Signature G. H. Johnson (M. D. or D. O.)
 Address Hopkins Date signed 12/28/45

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

74
0
0

JUL 30 1946

RECEIVED

District Health Officer No. 11,
District File Number
Date Filed

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.....

Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address. Hopkins, 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.