

No. 2
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-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 15 1946
NIXON Cline 332

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8199
Registrar's No. 7

Registration District No. 332

Primary Registration District No. 6114

101045
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 11 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 miles West of Morley
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Houston Wesley Sindle

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

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

6. (b) Name of husband or wife Viola Sindle 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 4 (Month) 7 (Day) 1880 (Year)

8. AGE: Years 65 Months 6 Days 21 If less than one day .hr. .min.

9. Birthplace Johnson Co. Ark. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Dave Sindle

13. Birthplace Johnson Co. Ark. (City, town, or county) (State or foreign country)

14. Maiden name Sue Clark

15. Birthplace Johnson Co. Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Fierlens V. Mason

(b) Address Sikeston, Mo. R.F.D. # 3

17. (a) Burial (b) Date thereof 10/30/45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morley, Mo.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston, Mo.

19. (a) Jan-15 (b) A. Bryant (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 28 year 1945 hour 5 minute 30 a M.

21. I hereby certify that I attended the deceased from Oct 28 1945 to Oct 28 1945; that I last saw him alive on Oct 28 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Arteriosclerosis

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) (e) Means of injury

23. Signature: [Signature] (M. D. or other)

Address: [Address] Date signed: 10/28/45

Duration: 1 hr
PHYSICIAN: [Signature]
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Office No. 2
District File Number 346-388
3/13/46

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.....

Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed *John Allerton*

Licensed Embalmer No. 2941

P. O. Address Sikeston, 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.