

FILED APR 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. **8607**

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **324**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
603 Concord St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. *****
(Specify whether
In this community **50 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **603 Concord St.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country *****

3. (a) PRINT FULL NAME **William P. Sayles**

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 **Widowed**
6. (b) Name of husband or wife **Mary Elizabeth** 6. (c) Age of husband or wife if alive. ***** years
7. Birth date of deceased **October 8 1870**
(Month) (Day) (Year)

8. AGE: Years **75** Months **5** Days **6** If less than one day **hr. min.**

9. Birthplace **Alexandria Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **None**

MOTHER FATHER { 12. Name **Thomas Sayles**
13. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Ellen Byrne**
15. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary E. Moore**

(b) Address **603 Concord St.**

17. (a) **Burial** (b) Date thereof **Mar. 16, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olivet Cemetery**

18. (a) Signature of funeral director **Herward W. ...**
(b) Address **1802 Union St. St. Joseph, Mo.**

19. (a) **Mar. 26 1946** (b) **[Signature]**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **14**
year **1946** viewed **1** minute **00 A.M.**

21. I hereby certify that I attended the deceased from **March 14th 1946** to **19**;
that I last saw him **alive on** **19**;
and that death occurred on the **date and hour** stated above.

Immediate cause of death **Coronary Thrombosis**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **[Signature]**
Of autopsy _____

Duration

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) (c) Means of injury
23. Signature **F. W. Tadlock** Coroner **5**
Address **King Hill Bldg** (M.D. or dentist)
Date signed **3/14/46**

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

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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 *Elmer Thomas*

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph 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.