S. No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30114

State File No.

Registration District No. 140 Primary Registration District No. 55-49-3024 Registrar's No. 65

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Fayette, Missouri
(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 All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 49

(c) City or town Fayette 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country No

3. (a) PRINT FULL NAME James Arthur Sartain

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 Maggie Todd Sartain 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased September (Month) 9, (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	0	12	hr. --- min.

9. Birthplace Howard Co. Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business -----

FATHER
12. Name Granville Sartain
13. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Peacher
15. Birthplace Howard Co. Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maggie Sartain.
(b) Address Fayette, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/46 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri

19. (a) 9-27-1946 (Date received local registrar) (b) Dorothy Fern Sabin Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21st year 1946 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from July 1-1946, 19__ to __, 19__; that I last saw her alive on 9-21, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46B

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. A. Bloom (M. D. or other) M.D.

Address Fayette Mo Date signed 9-24-46

123

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 10-5-46

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~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.