S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35888

Registration District No. 6200 35X Primary Registration District No. 3546200 Registrar's No. 11

1. PLACE OF DEATH:
(a) County TEXAS - Morris Twp.
(b) City or town RURAL, MTN GROVE MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: AT HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community LIFE TIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 10%
(a) State Missouri (b) County TEXAS
(c) City or town (RURAL) MTN. GROVE
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Taylor Pheonix Sails
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 MARRIED
6. (b) Name of husband or wife ANNA MARY WILLIAMS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 16 (Day) 1894 (Year)

8. AGE: Years 52 Months 6 Days 26 If less than one day hr. min.

9. Birthplace WRIGHT COUNTY (City, town, or county) Missouri (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FARMING
FATHER
12. Name NATHANEL SAILS
13. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)
MOTHER
14. Maiden name LAUDORA ELLIS
15. Birthplace WRIGHT COUNTY (City, town, or county) Missouri (State or foreign country)
16. (a) Informant ANNA MARY SAILS
(b) Address MTN. GROVE, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct. 15 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest
18. (a) Signature of funeral director Russell Barber
(b) Address Mtn. Grove, Mo.
19. (a) Nov 4, 46 (Date received local registrar) (b) Gaynell Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11
year 1946 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from Oct. 1 1946 to Oct. 11 1946
that I last saw him alive on Oct. 11 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 93A
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature R. W. Dunning (M. D. or other)
Address Mtn. Grove Mo. Date signed 10-12-46

325

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 114612
Date Filed 11-13-46

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 .....

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

working under my personal supervision.

Signed Russell Barker

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, Me

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.