

FILED JAN 14 1947

Registration District No. 120

Primary Registration District No. 4195

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Sturty
 (b) City or town Sturty
(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 _____
(Specify whether years, months or days)
 In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sturty 38
 (c) City or town Sturty 1
(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 William Henry Sabut

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
 year 1946 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race W
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Dec 22 1873
(Month) (Day) (Year)

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Condition
 Due to found dead in yard
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy 95C

8. AGE: Years 72 Months 11 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Louisville Ky
(City, town, or county) (State or foreign country)

10. Usual occupation labourer

11. Industry or business _____

12. Name Elza Sabut

13. Birthplace Bink Ky
(City, town, or county) (State or foreign country)

14. Maiden name Trappan Johnson

15. Birthplace Bink Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Porter Hazelwood

(b) Address Sturty Mo

17. (a) Burial (b) Date thereof 12-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cornwall

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

(b) Address Albany Mo

19. (a) Dec 24-1946 (b) W. H. ...
(Date received local registrar) (Registrar's signature)

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) 3
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? 18

(Specify type of place) _____
 While at work (g) Means of injury Car
 23. Signature W. H. ... (M.D. or other) 18
 Address Sturty Mo Date signed 12-20-46

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

STATEMENT BY LICENSED EMBALMER

DISTRICT HEALTH OFFICE
Cameron, Mo.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me
_____, Registered Apprentice _____,
working under my personal supervision.

Signed Clifford Brooks
Licensed Embalmer No. 3329
P. O. Address Albany 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.