

FILED MAR 11 1947

Registration District No. **5** Primary Registration District No. **5107** Registrar's No. **1**

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Lincoln WHITE TWP
(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 _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Lincoln
(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 HAROLD Victor SARTIN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1947 hour 4 minute 55 A.M.

4. Sex M.A.L.E. 5. Color or race W

6. (a) Single, widowed, married, divorced Baby

6. (b) Name of husband or wife Baby

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: March 16 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-17 1947, to 2-19 1947, that I last saw ~~him~~ her alive on 2-17 and that death occurred on the date and hour stated above.

8. AGE: Years 3 Months 11 Days 3 If less than one day _____ hr. _____ min.

Immediate cause of death: Bronchitis pneumonia Duration 3 days

9. Birthplace Lincoln Missouri
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Baby

Other conditions Sanitized spines Paralysis all life
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: 107
Of operations _____

12. Name Victor Sartin

Of autopsy _____

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

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

14. Maiden name Drene Ekin

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

16. (a) Informant Victor Sartin

(b) Address Lincoln

17. (a) Burial (b) Date thereof Feb 20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Cemetery

18. (a) Signature of funeral director Pres. J. J. ...

(b) Address Lincoln, Mo

19. (a) FEB. 19. 1947 (b) Pauline Harms
(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)

(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 Ray J. Jordan (M. D. or other) _____

Address Wilcox Mo Date signed 2-19-47

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

RECEIVED
District Health Officer No. 7,
District File Number 8-42-21
Date Filed 8-10-47

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.....
Licensed Embalmer No. 4098
P. O. Address Warsaw

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.