

10292

State File No.

FILED MAR 31 1947

Registration District No. 274

Primary Registration District No. 4408

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Smithton
(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. 40 yrs (Specify whether

In this community. 40 yrs
years, months or days)

3. (a) PRINT FULL NAME William Sayles

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Sayles 6. (c) Age of husband or wife if

7. Birth date of deceased April 16 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 10 15 hr. min.

9. Birthplace Cooper County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Section helper

11. Industry or business Missouri Pacific Section

12. Name Unknown

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

14. Maiden name

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

16. (a) Informant Mrs. Clara Sayles

(b) Address Smithton, Mo.

17. (a) Burial (b) Date thereof 3/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton, Mo.

18. (a) Signature of funeral director J. P. Alexander

(b) Address Smithton, Mo.

19. (a) 3-8-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

(c) Address Smithton, Mo.

(d) Date signed 3/6/47

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Smithton
(If outside city or town limits, write "RURAL")

(d) Street No. 7
(If rural, give location)

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

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3
year 1947 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from March 3 to March 6, 1947,
that I last saw him alive on March 2, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Chron. Myocarditis Duration

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:

1. Of operations

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?

(e) Means of injury

While at work? Station

23. Signature [Signature] (M. D. of Mo.)

Date signed 3/6/47

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 329-47

FEB 17 1950
FEB 17 1950

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

J. Luis Alexander

Licensed Embalmer No.

4245

P. O. Address

Sedalia 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.