

Registration District No. **294** Primary Registration District No. **6008**

1. PLACE OF DEATH:
(a) County **Randolph**
(b) City or town **Rural, Monroe Twp**
(c) Name of hospital or institution: **RFD #1, Mobley, MO**
(d) Length of stay: In hospital or institution **none**
In this community **3 1/2 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Randolph**
(c) City or town **Rural**
(d) Street No. **RFD #1, Mobley**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **JOHN EDWARD SINCLAIR**
(b) If veteran, name war **none**
(c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **4** year **1947** hour **2:00** minute **AM**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from **April 4** 19**47** that I last saw him alive on **April 3** 19**47** and that death occurred on the date and hour stated above.

7. Birth date of deceased **May-8-1879**
8. AGE: Years **67** Months **10** Days **27**

Immediate cause of death **Ch. Myocarditis with decaying**
Due to _____
Due to _____

9. Birthplace **Howard Co. Missouri**

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations **ASD**
Of autopsy _____

10. Usual occupation **Farmer**
11. Industry or business _____
12. Name **John N. Sinclair**
13. Birthplace **Virginia**
14. Maiden name **Georgann Springer**
15. Birthplace **Virginia**

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

16. (a) Informant **Mr. Ora Hess**
(b) Address **416 Jefferson Ave Mobley Mo**
17. (a) **Burial** (b) Date thereof **Apr - 17 47**
(c) Place: burial or cremation **St. Pleasant Howard Co.**
18. (a) Signature of funeral director **Funeral Home**
(b) Address **Mobley Missouri**
19. (a) **Apr 4 - 1947** (b) **Charles Williams**

23. Signature **H. Langfitt** (M. D. or other) _____
Address **Mobley** Date signed **4/4/47**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 447-2037
Date Filed APR 15 1947

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.....

R. M. Cate

Licensed Embalmer No. 4117

P. O. Address *Moabery 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.