

U. S. No. 2
DM-9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19855**

FILED MAY 26 1947

Registration District No. **223**

Primary Registration District No. **6415**

Registrar's No. **41**

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

1. PLACE OF DEATH:

(a) County **Scott**

(b) City or town **Liberton, Highland**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Flames - Grant City**
(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) **most of life**

3. (a) PRINT FULL NAME **Fannie Sailors**

3. (b) If veteran, name war.....

3. (c) Social Security No. **9**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John Sailors**

6. (c) Age of husband or wife if alive **27** years (Day) (Year)

7. Birth date of deceased **Oct 27 1863**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	6	12	hr. min.

9. Birthplace **Trou** (City, town, or county) **Mo.** (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **William Black**

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

14. Maiden name **Margaret Allen**

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

16. (a) Informant **son**

(b) Address **Liberton Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct 27 47** (Month) (Day) (Year)

(c) Place: burial or cremation **Daywood**

18. (a) Signature of funeral director **Billie Taylor**

(b) Address **Liberton Mo.**

19. (a) **5-22-46** (Date received local registrar) (b) **Mr. T.F. Henry** (Registrar's signature) **223**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott**

(c) City or town **Liberton** (If outside city or town limits, write "RURAL")

(d) Street No. **100** (If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **9th** year **1947** hour **7:00** minute **P.M.**

21. I hereby certify that I attended the deceased from **April 14**, 19**47**, to **death**, 19**47**; that I last saw h. or alive on **May 6**, 19**47**; and that death occurred on the date and hour stated above.

Immediate cause of death **cardiac failure**

Due to **Cirrhosis of liver**

Due to **"Cancer" ? Secondary ?**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **46 F**

Of autopsy

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 **0**

23. Signature **Chas. D. Jones** (M. D. or other) **41**

Address **Liberton Mo** Date signed **14 May**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUN 7 1948

JUL 25 1947

RECEIVED

District Health Office No. 2,

5-47-753
5-24-47

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 *James M. Scott*
Licensed Embalmer No. *4250*
P. O. Address *East Prairie, 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.