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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15859

Registration District No. 98 | Primary Registration District No. 5362 | Registrar's No. 47

1. PLACE OF DEATH:
(a) County DAVIESS
(b) City or town JAMESPORT Twp Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution R.7 D# 1 JAMESPORT
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County DAVIESS 31
(c) City or town RURAL Jamesport TWP 0
(If outside city or town limits, write "RURAL")
(d) Street No. R7D# 0
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM SARTAIN
3. (b) If veteran, name war —
3. (c) Social Security No. NONE

4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED 9
6. (b) Name of husband or wife Lucy Cartain
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov (Month) 23, (Day) 1862 (Year)

8. AGE: Years 85 | Months 5 | Days 9 | If less than one day — hr. — min.

9. Birthplace Immaculate (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation FARMER
11. Industry or business FARM
FATHER
12. Name GEORGE SARTAIN
13. Birthplace Glasgow (City, town, or county) MO (State or foreign country) 0
MOTHER
14. Maiden name Elizabeth Burkhart
15. Birthplace Mulberry (City, town, or county) Mulberry (State or foreign country) 9
16. (a) Informant Lott Sartain
(b) Address R7D#1, Jamesport MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 4 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery, Jamesport MO
18. (a) Signature of funeral director Lorne A. Dawson
(b) Address Trenton MO
19. (a) 6th May 1948 (Date received local registrar) (b) Virginia M. Engelhart (Registrar's signature) 81

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 2 year 1948 hour 2:30 minute P M.
21. I hereby certify that I attended the deceased from May 2, 1948, to May 2, 1948; that I last saw him alive on May 2, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	24 hrs
Due to Coronary Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 94W	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature F B Bailey (M. D. or other) E.D.
Address Jamesport Mo Date signed 5-3-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Rayme A. Davis

Licensed Embalmer No. 3424

P. O. Address Lawton 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.