No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Parks
State File No. 19208
Registrar's No. 502

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp. O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days)
In this community: 4 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield (If outside city or town limits, write "RURAL") 2
(d) Street No.: 2143 N. Broadway (If rural, give location) 6
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Harry W. Sailor
3. (b) If veteran, name war: No
3. (c) Social Security No.: ?
4. Sex: Male O
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Alvine M. Sailor
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. (Month) 26 (Day) 1881 (Year)
8. AGE: Years 67 Months 3 Days 20 If less than one day: hr. min.
9. Birthplace: Hecta Furnace (City, town, or county) Ohio (State or foreign country) 1
10. Usual occupation: Salesman
11. Industry or business: Proctor & Gamble Co.
FATHER 12. Name: Joseph Sailor Marble Co.
13. Birthplace: unknown (City, town, or county) Ohio (State or foreign country) 1
MOTHER 14. Maiden name: Cecilia Swena
15. Birthplace: unknown (City, town, or county) Kentucky (State or foreign country) 1
16. (a) Informant: Mrs. Alvine M. Sailor
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 6-18-48 (Date received local registrar) (b) W.L. Hardley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1948 hour 1 minute a.m.
21. I hereby certify that I attended the deceased from 7-23 1947 to 6-16 1948 that I last saw him alive on 6-16 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Dissecting Aneurysm	
of Descending Aorta	
Due to: Hypertensive Cardio-	
Due to: Vascular Disease	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: None

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: None
(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: William L. Saul (M. D. or other)
Address: 209 Professional Bldg. Springfield, Mo. Date signed: 6/17/48

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

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.