

Registration District No. 137

Primary Registration District No. 5519

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Rural (White Oak Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7 mi. So. Union
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 yr. (worked) (years, months or days)

3. (a) PRINT FULL NAME W. M. P. Sarter
3. (b) If veteran, name war —
3. (c) Social Security No. 499-16-2856

4. Sex MD 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (c) Name of husband or wife Daisy Julia Sarter 6. (e) Age of husband or wife if alive 50 years
7. Birth date of deceased 1-17-1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 21
If less than one day _____ hr. _____ min.

9. Birthplace Council Grove Kans.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
12. Name Charley Sarter
13. Birthplace Grandville Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Dora Martens
15. Birthplace Wisconsin Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Daisy Sarter
(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 7-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director W. H. Williams

(b) Address Clinton Mo.

19. (a) 7-10-48 (b) R. H. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 107 E Elm
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 8
year 1948 hour 11 o'clock minute _____ A.M.
21. I hereby certify that I attended the deceased from _____ 19_____
that I last saw _____ alive _____ 19_____
and that death occurred on the date and hour stated above.
Immediate cause of death Concussion and hemorrhage from a dynamite blast.
Duration _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 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) accident
(b) Date of occurrence 7/8/48
(c) Where did injury occur? Union Henry Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at a rock quarry 5 mi. So. of Union
While at work? yes (e) Means of injury dynamite blast
23. Signature W. H. Williams Address Clinton Mo. Date signed 7/10/48

RECEIVED

District Health Officer No. 7,

District File Number 5116

Date Filed 7-14-48

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 Judith L. Williams

Licensed Embalmer No. 4510

P. O. Address Clinton, 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.