

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26804

FILED SEP 6 1948
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County JASPER

(b) City or town JOPLIN

(c) Name of hospital or institution:
1010 Roosevelt Ave., 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1006 Roosevelt 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3: (a) PRINT FULL NAME HARLEY WILSON SAILOR

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JUNE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JULY 17 1918
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

30	1	14	hr. min.
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9. Birthplace Medoc, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Grocer owner & Operator

11. Industry or business Sailor Grocery Store

12. Name No record ?

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

14. Maiden name Mrs. Anna Sailor

15. Birthplace no record ? (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. June Sailor

(b) Address 1006 Roosevelt, Joplin, Mo

17. (a) Burial (b) Date thereof 9-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cadotte Memorial

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo

19. (a) 9-1-48 of Ed. James
(Date received local registrar) (City, town, or county) (State or foreign country)

(b) 138-c (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1948 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from _____ 19 _____;
that I last saw him alive on _____ 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations 940

Of autopsy _____

PHYSICIAN James J. ...

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) _____

(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)

(b) Means of injury _____

23. Signature W. H. ... or other _____

Date signed 9/21/48

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

19
2
5

49
2
5
0

138-c

48-8-755

SEP 15 1942

APR 29 1950

SEP 13 1949

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.