FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30791

FILED SEP 28 1948

Registration District No. 1886

Primary Registration District No. 6075

Registrar's No. 306

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 1 hour. (Specify whether
In this community About twenty years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

(c) City or town Farmington RURAL D
(If outside city or town limits, write "RURAL") O

(d) Street No. Route 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN PINKLEY SAYLOR

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cora C. Byington

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased December (Month) 13, (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
56	9	5	hr. min.

9. Birthplace Equality (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Hospital Attendant

11. Industry or business at Missouri State Hospital No. 4

FATHER
12. Name Joel H. Saylor
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Mary E. Stilly
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Three Rivers Cem., Farmington, Mo.

18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Missouri

19. (a) 9-21-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18 year 1948 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 18, 1947 to Sept. 18, 1948 19..., that I last saw him alive on Sept. 18, 1948 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 hrs.
Due to Hypertensive Cardio-vascular Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 9B7	
Of autopsy No autopsy.	

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 O

23. Signature F. R. Crouch (M. D. or other) M D

Address Farmington, Mo. Date signed 9-21-48

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

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

OCT 21 1948

RECEIVED
District Health Officer No. 4
District File Number 9-4-8-122
Date Filed 9-27-4

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 [illegible]

Licensed Embalmer No. 4120

P. O. Address Farmington 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.