

FILED APR 9 1949

STANDARD CERTIFICATE OF DEATH

11249

State File No.

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Oklahoma b. COUNTY Oklahoma	
b. CITY (If outside corporate limits, write RURAL and give township) Branson		c. CITY (If outside corporate limits, write RURAL and give township) Oklahoma City	
c. LENGTH OF STAY (In this place) 3 weeks		d. STREET ADDRESS (If rural, give location) Branson	
d. FULL NAME OF HOSPITAL OR INSTITUTION none			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Henry	b. (Middle) Plummer	c. (Last) Sartor	(Month) March	(Day) 29	(Year) 1949

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) yes	8. DATE OF BIRTH Jan. 14, 1892	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Mechanic		11. BIRTHPLACE (State or foreign country) Louyn, Miss.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME Martha Ella	14. NAME OF HUSBAND OR WIFE unknown Rosa	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World war 1	16. SOCIAL SECURITY NO. 446-07-4464	17. INFORMANT'S SIGNATURE OR NAME Rosa Sartor		ADDRESS Oklahoma City, Okla.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION 1-29-49	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? fall

22. I hereby certify that I attended the deceased from at death, to _____, 19____, that I last saw the deceased alive on Mar. 29, 1949, and that death occurred at 2:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Paul S. Roberts	23b. ADDRESS Branson Mo	23c. DATE SIGNED 3/29/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-29-49	24c. NAME OF CEMETERY OR CREMATORY Wheatland	24d. LOCATION (City, town, or county) (State) Okla. City Okla.
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DATE REC'D BY LOCAL REG. Mar 30 1949	REGISTRAR'S SIGNATURE B. G. Cypur	25. FUNERAL DIRECTOR'S SIGNATURE W. D. Welch	ADDRESS Branson Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 13 1941

District Health Officer

District File Number

Date Filed

449-370

4-6-49

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 _____

Student Embalmer No. 307

working under my personal supervision.

Student Walter S. Cobb

Student Embalmer

Signed Minnie J. Wheelock

Licensed Embalmer No. 2277

P. O. Address Branson 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.