REC'D MAR 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6813
Do not use this space.

49
5
2

1. PLACE OF DEATH

(a) County Jasper 2 Registration District No. 408

(b) Township 1 Primary Registration District No. 3020 Registered No. 26

(c) City Carthage (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 421 William Henry Saulisbury

(a) Residence, No. 733 Oak St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Georgia Saulisbury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 19, 1865

7. AGE: YEARS 73 | MONTHS 11 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Grocery Man
9. Industry or business in which work was done, as saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greenfield Illinois 1

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " 9 " "

MOTHER
15. MAIDEN NAME: " 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Mrs. W. H. Saulisbury 733 Oak - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Park Cemetery DATE: Feb. 9, 1939

19. FUNERAL DIRECTOR (ADDRESS): Knell Mortuary Carthage, Mo.

20. FILED: Feb. 9, 1939 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1938, to Feb 8, 1939
I last saw him alive on Feb 8, 1939. Death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	?
Chronic Myocarditis	

124 B'

Other contributory causes of importance:
arteriosclerosis
senility

Name of operation: none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) George H. Ward M. D.
865 (Address) Carthage Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6,
District File Number 6-39-573
Date Filed MAR 10 1939

STATEMENT BY LICENSED EMBALMER

I, P. W. Knell, Licensed Embalmer No. 814

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed P. W. Knell

Licensed Embalmer No. 814

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH
(a) County Jasper
(b) Township
(c) City Carthage
Registration District No. 408
Primary Registration District No. 3020
Registered No. 26
(d) Street No. St.
(If death occurred in Hospital or Institution, state its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Henry Saulsbury
(a) Residence, No. 733 Oak St.
(Usual place of abode, if no street address, give county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
(If married, widowed, or divorced)
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Georgia Saulsbury
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 19, 1865
7. AGE: Years 73 Months 11 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Grocery Man
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greenville Indiana
FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Co., Indiana, 1834
MOTHER
15. MAIDEN NAME: Mary Tanner Wall, d/o Thos. & Mary Wall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crawford County, Ill. 1831
17. INFORMANT (ADDRESS): Mrs. W. H. Saulsbury 733 Oak - Carthage Mo.
18. BURIAL, CREMATION, OR REMOVAL: Oak Cemetery DATE Feb. 9, 1939
19. FUNERAL DIRECTOR (ADDRESS): Neale Mortuary Carthage, Mo.
20. FILED Feb. 9, 1939 E. J. McGinnis, M.D. Local Registrar

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Chronic Myocarditis	
#12,14,15,16 by affidavit of Son 4-1-69	
arteriosclerosis	
senility	

Other contributory causes of importance
Name of operation: None Date of
What test confirms diagnosis? Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
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(Signed) George H. Wall M. D.
(Address) Carthage Mo