

Registration District No. 1948 75

Primary Registration District No. 6162

Registrar's No. 234

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No 32 Nevada, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME EVERETT E. Sayers

8. (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 Widowed

6. (b) Name of husband or wife Not known 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 16th 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>1</u>	<u>14</u>	hr. min.

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

10. Usual occupation Ex Rail Road man

11. Industry or business

MOTHER FATHER { 12. Name Talbot Sayers
13. Birthplace Indiana
(City, town, or county) (State or foreign country)

{ 14. Maiden name Leatha McInure
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 7/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rogersville, Mo

18. (a) Signature of funeral director Marsh Eichinger

(b) Address Nevada, Mo

19. (a) 7-30-41 (b) Allen E. Hooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Webster 108
(c) City or town Rogersville
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th
year 1941. 8 hour 15 minute A.M.

21. I hereby certify that I attended the deceased from July 3rd
1941, to July 30th, 19 41;
that I last saw him alive on July 30th, 19 41;
and that death occurred on the date and hour stated above.

Immediate cause of death Hyper Tensive Heart Disease

Due to _____

Due to _____

Other conditions Cerebral arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature G.S. Waraich (M. D. or other) _____
Address State Hospital Nevada, Mo Date signed 7/30/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1223

Date Filed 8-5-41

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 Mans Leisinger
Licensed Embalmer No. 2656-
P. O. Address Nevada, 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, above space should be left blank.