

1-4-41
-17-39
X26390

FILED AUG 29 1941

Registration District No. 379

Primary Registration District No. 5-5-26

Registrar's No. 43

1. PLACE OF DEATH:
 (a) County Howard
 (b) City or town Richmond "Rural"
 (c) Name of hospital or institution: Roy Crigler Farm Home
 (d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

USUAL RESIDENCE OF DECEASED:
 (a) State Missouri
 (b) County Howard
 (c) City or town R.F.D. # 3 Fayette, Mo.
 (d) Street No. Richmond "Rural"
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME William W. Sartain
 3. (b) If veteran, No
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July 28th.
 year 1941 hour 3.00 minute P.
 21. I hereby certify that I attended the deceased from July 22 41 19. to July 28 19. and that death occurred on the date and hour stated above.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Carrie D. Sartain
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased May 13, 1856

Immediate cause of death Cerebral Hemorrhage
 10 days
 Duration

8. AGE: Years 85 Months 2 Days 15
 If less than one day hr. min.

Due to Arteriosclerous

9. Birthplace Howard County, Mo.

Due to infirmities of age.

10. Usual occupation Retired Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Farming
 12. Name Grandville Sartain
 13. Birthplace Kentucky
 14. Maiden name Mary Belle Golden
 15. Birthplace Unknown

PHYSICIAN
 Major findings: Of operations
 Of autopsy

16. (a) Informant Mrs. Maude Harris
 (b) Address 105 South Linn St. Fayette, Mo.
 17. (a) Burial (b) Date thereof July 30/41
 (c) Place: burial or cremation Boonesboro Cemetery

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (c) Where did injury occur?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director L. J. Meister
 (b) Address Boonville, Mo.
 19. (a) (b) (c) (Registrar's signature)

23. Signature John P. Richards (M. D. or other)
 Address July 30, 41 Date signed

341 (Licensed Embalmer's Statement on Reverse Side) Fayette Mo

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-27-41

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 *C. L. Felain*

Licensed Embalmer No. *1399*

P. O. Address *Higbee 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.