

FILED SEP 30 1941 5

Primary Registration District No. 6085

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shannon
 (b) City or town Monteer Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 24 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon 101
 (c) City or town Monteer Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1905 years.

3. (a) PRINT FULL NAME James Sintler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Sintler 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased November 12 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>9</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Carl Sintler
 13. Birthplace Bohemia
(City, town, or county) (State or foreign country)
 14. Maiden name Karezie Ielen
 15. Birthplace Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs James Sintler
 (b) Address Monteer Mo
 17. (a) Burial (b) Date thereof Aug 12 41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Monteer Mo

18. (a) Signature of funeral director John F. Arman
 (b) Address Monteer Mo
 19. (a) 9-10-41 (b) Frank Hyde md
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day Aug
 year 1941 hour 9 minute 15a M.

21. I hereby certify that I attended the deceased from Aug 8
 1941, to Aug 19 1941
 that I last saw him alive on Aug 8 1941
 and that death occurred on the date and hour stated above

Immediate cause of death Pulmonary Tuberculosis Duration _____
embolus
 Due to _____
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to 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? _____
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature R. J. Davis (M. D. or other) D
 Address Burch Tree mo Date signed 8/12-41

77 (Licensed Embalmer's Statement on Reverse Side)

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

OCT 6 1944

RECEIVED

District Health Officer No. 6,
District File Number 8811922

Date Filed _____

OCT 2 1944

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 _____

working under my personal supervision.

_____, Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 2516

P. O. Address Mountain View, W.

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.