7. S. No. 2
-1-4-41
3390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 7 1942

Registration District No. 7

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17261

Primary Registration District No. 1

Registrar's No. 161

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

1. PLACE OF DEATH:

(a) County: Adair

(b) City or town: Kirksville City

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Community Nursing Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: hospital (Specify whether years, months or days)

In this community: 1 month 18 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Knox

(c) City or town: Novelty

(If outside city or town limits, write "RURAL")

(d) Street No.: (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Frank Sailing

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male D

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Feb (Month) 7 (Day) 1868 (Year)

8. AGE: Years 74 Months 3 Days 28 If less than one day hr. min.

9. Birthplace: (City, town, or county) 0 (State or foreign country)

10. Usual occupation:

11. Industry or business:

FATHER 12. Name:

FATHER 13. Birthplace: (City, town, or county) 9 (State or foreign country)

MOTHER 14. Maiden name:

MOTHER 15. Birthplace: (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Keith Hudson

(b) Address: Edina, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 6 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: New Harmony

18. (a) Signature of funeral director: Keith Hudson

(b) Address: Edina Missouri

19. (a) June 6 1942 (Date received local registrar) (b) Mrs. J. E. Wagner (Registrar's signature)

1049

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1942 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 17, 1942, to June 5, 1942, that I last saw him alive on June 5, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	6 hrs
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Richard E. Noble (M. D. or other) D.O.

Address: Kirksville, Mo. Date signed 6-5-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-42-1311
Date Filed JUN 15 1942

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Mo.

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

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17261

Registration District No. 1 Primary Registration District No. 1 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank Sailing

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 7 (Month) 1888 (Day) (Year)

8. AGE: Years 74 Months 3 Days 28 If less than one day hr. min.

9. Birthplace Knox Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Sailing
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Aucuff
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 7/8/42 (Date received local registrar) (b) Mrs. J. L. Wayne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1942 hour minute M.

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

	Duration
Immediate cause of death	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

S-17261