No. 2
9-4-41
5-17-39
X29484

6
1
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17667

State File No.

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 169

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: South East Mo. Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Hours (Specify whether

In this community 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State OHIO (b) County UNKNOWN 992 93

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

(d) Street No. 1212 North MAIN (If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME Everett E lsworth Saylor

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ruth Ann

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

7. Birth date of deceased Aug. 8 1909 (Month) (Day) (Year)

8. AGE: Years 32 Months 7 Days 23 If less than one day hr. min.

9. Birthplace Darke Co. Ohio 1 (City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business

FATHER
12. Name Rudolph Saylor
13. Birthplace Darke Co Ohio 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Schneck
15. Birthplace Darke Co. Ohio 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruth Ann Saylor

(b) Address 1212 N. Main St. Dayton, O.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Willowview Cemetery

18. (a) Signature of funeral director Joe D. Howell

(b) Address Cape Girardeau Mo

19. (a) 6-8-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st year 1942 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 31, 1941, to May 31, 1942 that I last saw h[illegible] alive on May 31, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Communicated fracture of Skull	2 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) Accident 115

(b) Date of occurrence May 31 - 42

(c) Where did injury occur? Cape Girardeau Cape Mo (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? Auto Race Means of injury

23. Signature [illegible] (M. D. or other)

Address Cape Girardeau Mo Date signed 6-8-42

1014

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 1942

AUG 20 1940

MAY 9 1945

RECEIVED
District Health Officer No. 4
District File Number 642-786
Date Filed 6-16-42

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 J. Howell

Licensed Embalmer No. 3310

P. O. Address Cape Girardeau 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.

. S. No. 2B
DM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17667

Registration District No. 125 Primary Registration District No. 3009 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Gir.
(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 Everett E Saylor
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 M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 3 (Day) 1909 (Year)

8. AGE: Years 32 Months 7 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Fracture of Skull
Due to Auto Race lost contrace
Ang went Throug + Struck
Due to Poster car
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

170C-8
27

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) Accident
(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? Race track (e) Means of injury
23. Signature J W Berry (M. D. or other)
Address Cape Girardeau Date signed 7-4-42