

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 202

1. PLACE OF DEATH:

(a) County Cole

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

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

(d) Length of stay: In hospital or institution 8-28-42 to 8-30-42 (Specify whether years, months or days)

In this community 8-28-42 to 8-30-42 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME IAAC SYDNOR

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race 2 negro

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 10 years (Day) (Year)

7. Birth date of deceased 9-10-1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 20
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Kato Sydney

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Ann Davis

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Eunice Sydney

(b) Address 538 Lafayette

17. (a) Burial (b) Date thereof 9-1-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zibbetts Mo

18. (a) Signature of funeral director Louper Funeral Home

(b) Address 700 Jefferson St

19. (a) 8-31-42 (b) Norma Fletcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1942 hour 13 minute A M.

21. I hereby certify that I attended the deceased from August 15 1942 to August 29 1942
that I last saw him alive on August 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
6 holocephalus
Chronic

Due to Secondary anemia

Other conditions Secondary anemia
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 107

Of operations

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 107 (Specify type of place) (e) Means of injury

23. Signature J. Bruce (M.D. or other) MD
Address Jefferson City Mo Date signed 8/31/42

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

26
45

Bruce

12-2-68

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 *A. Madison*
Licensed Embalmer No. *3641*
P. O. Address. *Geno.*

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.