V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 5 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36740

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1157

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1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town St. Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3915 King Hill Avenue, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan 11 1
(c) City or town St. Joseph, 7
(If outside city or town limits, write "RURAL")
(d) Street No. Missouri,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elbert M. Sinclair,
3. (b) If veteran, name war None,
3. (c) Social Security No. None,
4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Dora Sinclair,
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased July 16th. 1867
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	4	13	hr. min.

9. Birthplace Mercer County, Iowa, 1
(City, town, or county) (State or foreign country)
10. Usual occupation Clerk,
11. Industry or business Railroad,
FATHER
12. Name Philip Sinclair,
13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Chloe Parker,
15. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Elbert M. Sinclair
(b) Address 3915 King Hill Avenue.
17. (a) Burial (b) Date thereof 12/1/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery,
18. (a) Signature of funeral director Heaton-Belgole & Bowman Funeral
(b) Address 319 So. 10th Street, Home
19. (a) 12-1-42 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th
year 1942 hour 5 minute P M.
21. I hereby certify that I ~~attended~~ viewed the deceased from on Nov. 29th 1942, 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 Cerebral Hemorrhage	1 day
Due to Pernicious Anemia	10 yrs
Due to 430	
Other conditions (Include pregnancy within 3 months of death) Man suffered a Stroak of apoplexy in	
Major findings: Of operations 1937 from which he had never fully	
Of autopsy No [recovered	

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 H. F. Mundy Coroner (M. D. ~~or other~~)
Address 404 So 3d St Date signed 11/30/42

12.28 (Licensed Embalmer's Statement on Reverse Side)

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 11-29-42

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. St. Joseph 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.