

V. S. No. 2  
FORM-5-42  
7-5-17-39  
PI X32875

24212

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 11 1943

Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 184

1. PLACE OF DEATH:

(a) County. Adair

(b) City or town. Rural *Benton Twp.*

(c) Name of hospital or institution:  
Kirkville, Mo. - R. R.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Most of Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Adair

(c) City or town. "Rural"; Kirkville  
(If outside city or town limits, write "RURAL.")

(d) Street No. R. R. No. 2  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. \_\_\_\_\_

3. (a) PRINT FULL NAME Frank C. Sykes

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife. \_\_\_\_\_ 6. (c) Age of husband or wife if alive, years \_\_\_\_\_

7. Birth date of deceased. Jan. 16 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74	5	20	hr. _____ min.
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9. Birthplace. Adair Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation. Farming

11. Industry or business. \_\_\_\_\_

12. Name. Melvin Sykes

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

14. Maiden name. Sebray Miller

15. Birthplace. Adair Co., Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant. Lynn G. Sykes

(b) Address. Kirkville, Mo.

17. (a) Burial (b) Date thereof. 7/8/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Bullion, Mo.

18. (a) Signature of funeral director. Berkley

(b) Address. Kirkville, Mo.

19. (a) 7/10/43 (b) Mrs. J. L. Wayman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6  
year. 1943 hour. 12:00 minute P: M.

21. I hereby certify that I attended the deceased from JAN 1943  
19. \_\_\_\_\_ to July 6, 1943  
that I last saw him alive on July 6, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death. apoplexy

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations. \_\_\_\_\_

Of autopsy. \_\_\_\_\_

Duration 3 days

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. Dr. Ch. Martini

Address. Berkley, Mo. Date signed 7-9-43

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

100

1049

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 8-43-1266

Date Filed AUG 10 1943

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 *D. W. Rubin*

Licensed Embalmer No. 4181

P. O. Address *Westville 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.