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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 18 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. 260

Registration District No. 1 Primary Registration District No. 3000

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: Stickler Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
In this community 9 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Adair  
(c) City or town Novinger  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Emery Eugene Sinex

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

4. Sex Male 0 5. Color or race White 0 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 Sept. 9 1943  
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name Emery E. Sinex

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

14. Maiden name Louise Clark

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

16. (a) Informant Lula Clark

(b) Address Novinger, Mo.

17. (a) Burial (b) Date thereof 9/10/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director (b) Address Kirksville, Mo.

19. (a) 10/12/43 (b) Mrs. J. L. Wagner  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18  
year 1943 hour 12:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept 8 1943 to Sept 18 1943  
that I last saw him alive on Sept 8 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth  
Due to Premature Birth  
Duration 9 days

Other conditions (Include pregnancy within 3 months of death) 159

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?

While at work? (Specify type of place) (c) Means of injury  
23. Signature (M. D. or other) Date signed 10-10-43

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

RECEIVED

District Health Officer No. 10

District File Number 11-43-1848

Date Filed NOV-16 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

*J. E. Riley*

Licensed Embalmer No.

4181

P. O. Address

*H. A. Fullen*

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.