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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43518

State File No.

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 226

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: none /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline 97

(c) City or town Marshall, 1
(If outside city or town limits, write "RURAL") 2

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Henry Sinnett

3. (b) If veteran, name war no

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 July (Month) 15 (Day) 1861 (Year)

8. AGE: Years 82 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Saline County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation farm

11. Industry or business

FATHER
12. Name Wm. E. Sinnett
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary H. Barnes
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant W. O. Sinnett,
(b) Address Slater, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-'43 (Month) (Day) (Year)
(c) Place: burial or cremation Slater-Mo.

18. (a) Signature of funeral director Hill Brothers,
(b) Address Slater, Mo.

19. (a) 12-6-43 (Date received local registrar) (b) Mrs T.O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th
year 1943 hour 6 minute P M.

21. I hereby certify that I attended the deceased from
1920, to Dec — 1943
that I last saw him alive on Oct — 20 — 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93e1	
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?
— (Specify type of place)

While at work? — (e) Means of injury —

Signature M. C. Duggan (M. D. or other)

Address Slater Mo. Date signed 12/6/43

12/1

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-10-43

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 Sam M Hill

Licensed Embalmer No. 1292

P. O. Address Slater 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.