

FILED SEP 23 1946

Primary Registration District No. 5838

X35957

1. PLACE OF DEATH:

(a) County Newton
 (b) City or town Rural Berwick, Miss.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry **5**
 (c) City or town Butterfield, Mo. **0**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) **0**
 (e) Citizen of foreign country? _____ (Yes or No) **1**
 If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Richard Henry Sinderson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Grace M. Sinderson 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: July 9 1863
 (Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 6 If less than one day
 hr. _____ min _____

9. Birthplace Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Contractor

11. Industry or business _____

12. Name Henry Sinderson

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

14. Maiden name Mary Bowman

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

16. (a) Informant Stewart Sinderson

(b) Address Stark City, Missouri

17. (a) Burial (b) Date thereof Sept. 3 46
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm. Mans Rye

(b) Address Wheaton, Mo.

19. (a) 9-19-1946 (b) m. L. Young
 (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Sept. day 1
 year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 1, 1946, to Sept 1, 1946;
 that I last saw him alive on Sept 1, 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Decompensation
 Due to _____
 Due to _____

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: ASC
 Of operations _____
 Of autopsy _____

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 0

23. Signature: REP. Rye (M. D. or other) _____
 Address: Wheaton, Mo. Date signed: 9.17.46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

29882

925

RECEIVED
Date of Death Occurred To Newton
County Number 946-135
Date Filed SEP 23 1946

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 Wm. Morris Roque
Licensed Embalmer No. 8442
P. O. Address Wheaton, 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.