

S. No. 2
FORM-5-43
Rev. 5-17-39
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37918

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 4 1946

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 446

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week
(Specify whether in this community unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. Mulmer Hotel 201 E. 2nd
(If rural, give location)

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

3. (a) PRINT FULL NAME HARRY B. SINNETT

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19th year 1946 hour 8 minute 46 P. M.

21. I hereby certify that I attended the deceased from over ten years, 19 19, to Nov 19, 19 46; that I last saw him alive on Nov 19th, 19 46; and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Drew 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July 29 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 3 20 hr. min.

Immediate cause of death: Terminal Pneumonia Duration 3 days

Due to Ch. Alcoholism - Sarcot Sues - 5 years

Due to _____ ?

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

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

10. Usual occupation Railway mail clerk

11. Industry or business Retired

12. Name Henry Sinnett 9

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

14. Maiden name Julia Leate

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

16. (a) Informant Laurana Barnett 1
(b) Address 309 1/2 S. Ohio Sedalia Mo

17. (a) Burial (b) Date thereof 11-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo

19. (a) 11-21-46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

Major findings: 306

Of operations none

Of autopsy none

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 None

(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 Jno B. Carline M.D. (M. D. or other) _____
Address Sedalia Mo Date signed 11-20-46

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

70
6
4

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-30-46

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 APM Cary

Licensed Embalmer No. 3153

P. O. Address Fredalia 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.