

Primary Registration District No. 6043

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Independence, Mo. Rt.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 years. (Specify whether years, months or days)

In this community 2 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley

(c) City or town Independence, Mo. Rt.
(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 Frank Saines

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male race white

5. Color or _____

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

6. (b) Name of husband or wife Margaret Saines alive 47 years

6. (c) Age of husband or wife if _____

7. Birth date of deceased July 19 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>7</u>	<u>22</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Franklin Simpson

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

14. Maiden name Van Horn

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

16. (a) Informant Franklin S. Saines

(b) Address Independence, Mo. Rt.

17. (a) Burial (b) Date thereof 10-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graveside

18. (a) Signature of funeral director E. W. Edwards

(b) Address Independence, Mo.

19. (a) 10-25-48 (b) E. B. Johnston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11
year 1948 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from 1-1-48 to 10-11-48, 1948,
that I last saw him alive on 10-11-48, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Myocardium Duration _____

Due to Position in bed.

Due to Hemophlegia on right side.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83%

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 J. Eddy Adamson (M. D. Mo.)
Address Independence, Mo. Date signed 10-12-48

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

91
0
0

~~Date Filed~~
~~11-18-78~~
District File Number 1178711
District Health Officer No. 5
RECEIVED 11-16-78

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 *Robert Johnson*

Licensed Embalmer No. 4271

P. O. Address *Deming, 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.