

FILED DEC 31 1948

State File No.

Registration District No.

Primary Registration District No. 5257

Registrar's No. 87

1. PLACE OF DEATH:

(a) County... Chariton

(b) City or town... Near Mendon Rural
(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.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... Chariton

(c) City or town... Near Mendon - rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME... John Sayer

3. (b) If veteran, name war...

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Nov day... 20
year... 1948 hour... 7:04 minute... 9 M.

21. I hereby certify that I attended the deceased from... July 10.....
....., 1948, to... Nov. 20....., 1948;

that I last saw him alive on... Nov. 20....., 1948;
and that death occurred on the date and hour stated above.

5. Color or race... W

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

4. Sex... M

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive.....
..... years

7. Birth date of deceased... Oct 11 - 1868
(Month) (Day) (Year)

Immediate cause of death... Acute Cardiac Failure terminal

Due to... Chronic Myocarditis 5yrs.

Due to.....

Other conditions...
(include pregnancy within 3 months of death)

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

80 1 9 hr. min.

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

10. Usual occupation... Farmer

PHYSICIAN

Major findings:
Of operations.....

Of autopsy... 952

Underline the cause of which death should be charged statistically.

11. Industry or business... Edvard Saylor

12. Name... Edvard Saylor

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

14. Maiden name... Armanda Gother

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

16. (a) Informant... Arthur Saylor

(b) Address... Mendon Mo

17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof... 11/22/48
(Month) (Day) (Year)

(c) Place: burial or cremation... Funerary

18. (a) Signature of funeral director... Newton M. B.

(b) Address... Mendon Mo

19. (a) 11-22-48 (Date received local registrar) (b) Mildred Bond (Registrar's signature)

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..... *

23. Signature... H.P. Fowler D.O. (M. D. or other)

Address... Brunswick Mo. Date signed... 11/22/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-29-48

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, ~~as by~~ _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed A. L. Leipert
Licensed Embalmer No. 3970
P. O. Address Mendon 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.