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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 29 1948
Registration District No. 128

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36206
Registrar's No. 1022

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O'Reilly VA Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 356 days
In this community Since hospitalization
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Harley Melton Sartain
3. (b) If veteran, name war VW I
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased February 20 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 9 2 — hr. — min.

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

10. Usual occupation Railroad switchman

11. Industry or business Railroad

12. Name Joshua Sartain

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

14. Maiden name Mary Pebley

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

16. (a) Informant VA Hospital Records
(b) Address O'Reilly VAH Springfield, Mo.

17. (a) Burial (b) Date thereof 11-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shiloh cemetery

18. (a) Signature of funeral director Earl R. Baudin
(b) Address California, Mo.

19. (a) 11-24-48 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1948 hour 2 minute 18 P.M.

21. I hereby certify that I attended the deceased from December 2
1947, to November 22, 1948,
that I last saw him alive on November 22, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, chronic, Far Advanced, Active

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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)
Means of injury _____

23. Signature Paul E. Missele (M. D. or other) _____
Address O'Reilly VAH Springfield, Mo. Date signed 11/22/48

NOV 20 1956

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.....

James M. Foley, Registered Apprentice No. 219
working under my personal supervision.

Signed Earl R. Bawlin Ag

Licensed Embalmer No. 2126

P. O. Address Calif. 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.