

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15866**

FILED JUN 15 1948

Registration District No. **91**

Primary Registration District No. **4170**

Registrar's No. **27**

1. PLACE OF DEATH:

(a) County **LecKall**
 (b) City or town **Union Star Mo**
 (c) Name of hospital or institution: **1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **80 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **LecKall 32**
 (c) City or town **Union Star Mo**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME

Vivora Luinda Savate

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F**

5. Color or race **W**

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

6. (c) Age of husband or wife if alive **89** years

6. (b) Name of husband or wife **George M. Savate**

6. (c) Age of husband or wife if alive **89** years

7. Birth date of deceased **Aug 24 1863**
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	8	29	hr. _____ min.

9. Birthplace **Darlington Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **James Redding**

13. Birthplace **North Carolina**
 (City, town, or county) (State or foreign country)

14. Maiden name **Luinda Phelps**

15. Birthplace **North Carolina**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Edgar Savate**

(b) Address **Union Star Mo**

17. (a) **Burial** (b) Date thereof **May 26 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Star Mo**

18. (a) Signature of funeral director **Luis M. Wilson**
 (b) Address **King City Mo**

19. (a) **May 24 1948** (b) **J. J. Daniels**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **23**
 year **1948** hour **8** minute _____ P. M.

21. I hereby certify that I attended the deceased from **June 1**
1948 to **May 23 1948**
 that I last saw **her** alive on **May 23 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer breast**

Due to _____

Due to _____

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

Major findings: Of operations **AC**

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 _____

23. Signature **E. M. Reynolds** (M. D. or other) _____
 Address **Union Star Mo** Date signed _____

Duration

1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically

U.S. DEPARTMENT OF HEALTH
COLUMBIA, MO

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..... *Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address *King City, 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, above space should be left blank.