

Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2501 South Noyes Boulevard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2501 South Noyes Boulevard
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th
year 1940 hour 1 minute 30 p. M.
21. I hereby certify that I attended the deceased from Sept 18
1939 to Jan 7, 1940
that I last saw her alive on Jan 6/40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial insufficiency Duration _____
Dilated heart, chronic
endocarditis 92 W
arteriosclerosis

Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)
Pericarditis

Major findings: _____
Of operations: _____
Of autopsy: no

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 _____
(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 JJ Thompson (M. D. or other) M-D.
Address 875 Charles Date signed 1-9-40

8. (a) PRINT 235-
FULL NAME Sarah Frances Saxton

3. (b) If veteran, name war # _____ 3. (c) Social Security No. # _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife James A. Saxton 6. (c) Age of husband or wife if alive # _____ years

7. Birth date of deceased September 25 1851
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>3</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Onan Miller

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

14. Maiden name Margaret Mathers

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

16. (a) Informant Mrs. Russell Hayes

(b) Address 2501 South Noyes Blvd., St. Joseph

17. (a) Burial (b) Date thereof January 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Faucett Cemetery

18. (a) Signature of funeral director Walter Meischer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Jan. 9, 1940 (b) AJ Westbach
(Date received local registrar) (Registrar's signature)

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

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.....

A. H. Kelly

Licensed Embalmer No. *Mo.* 3946

P. O. Address *St. Joseph, Missouri.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.