

1940 JUL 17 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21060
Do not use this space.

1. PLACE OF DEATH
 (a) County Atchison 2 Registration District No. 20
 (b) Township Tarkio 0 Primary Registration District No. 4014
 (c) City Tarkio Mo. (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clara A. Saal.
 (a) Residence, No. Tarkio Missouri. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emil Saal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 6 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc. ###

10. Date deceased last worked at this occupation (month and year) ### 11. Total time (years) spent in this occupation ###

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania /

FATHER
 13. NAME Curtis McNeal /
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania /

MOTHER
 15. MAIDEN NAME Decker /
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania /

17. INFORMANT (ADDRESS) Emil Saal.
Tarkio Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Tarkio Mo DATE May 13, 1940

19. FUNERAL DIRECTOR (ADDRESS) Clara Saal
Tarkio Mo. 17

20. FILED May 11, 1940 Clara Saal
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1929 to May 10 1940
 I last saw h. s. alive on May 9 1940 Death is said to have occurred on the date stated above, at 3:15 A. M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of breast metastatic to abdominal organs. Date of onset ?

Other contributory causes of importance: 50

Name of operation Operated on breast Date of 9-5-38
 What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Clara Saal M. D.
 (Address) Tarkio Mo.

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.

RECEIVED

District Health Officer No. 11,

District File Number 740-1235

Date Filed JUL 15 1940

STATEMENT BY LICENSED EMBALMER

I, W. A. Bennett, Licensed Embalmer No. 3381

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. A. Bennett

L. E.

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

Signed

W. A. Bennett

Licensed Embalmer No. 3381

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.)