

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.

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

FILED OCT 11 1940

31335
Do not use this space.

1. PLACE OF DEATH
 (a) County Bates Registration District No. 53
 (b) Township Rich Hill Primary Registration District No. 3005
 (c) City Rich Hill (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louise Satterly
 (a) Residence, No. 5th Chestnut St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wesley Satterly
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-6-1873
 7. AGE YEARS 67 MONTHS 6 DAYS 14 IF LESS than 1 day, _____ hrs. or _____ min.
 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) Rich Hill (STATE OR COUNTRY) Missouri

FATHER 13. NAME Andrew Duceit

14. BIRTHPLACE (CITY OR TOWN) Canada (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Charlett Richardson

16. BIRTHPLACE (CITY OR TOWN) Polina Mo. (STATE OR COUNTRY)

17. INFORMANT Dotie Moody (ADDRESS) 2244 N. W. 1st St. Rich Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Sept. 22 1940

19. FUNERAL DIRECTOR (NAME) Paul R. Ready (ADDRESS) Rich Hill Mo.

20. FILED Sept 21 1940 Claude J. Allen M. D. (Address) Rich Hill Mo.
A. S. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1940
 22. I HEREBY CERTIFY, that I attended deceased from _____ to _____ 1940
 I last saw him alive on July 15 1940. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Chronic Arteriosclerosis
Chronic Myocarditis
 Date of onset _____

Other contributory causes of importance: A3C

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) James J. Allen M. D. (Address) Rich Hill Mo.

RECEIVED

District Health Officer No. 7,
District File Number 10-40-1451
Date Filed 10-9-40

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed

J. Hudson Peasley

Licensed Embalmer No. 2730

P. O. Address Rich Hill 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.