

**FILED** OCT 18 1940

STANDARD CERTIFICATE OF DEATH

State File No. **31992**

Registration District No. **312**

Primary Registration District No. **4188**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Generty**  
(b) City or town **Spring City, MO**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2** (Specify whether \_\_\_\_\_)  
In this community **Life Home** years, months or days

8. (a) PRINT FULL NAME **Rigger Francis Saddle**

8. (b) If veteran, name war **✓** 8. (c) Social Security No. **NONE**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Wid**

(b) Name of husband or wife **Jules Saddle (deceased)** 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased **SEPT 7 1893**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **0** Days **12** If less than one day hr. min.

9. Birthplace **Selkirk Co MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **at home**

12. Name **Benjamin Jacobs**

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

14. Maiden name **Miss**

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

16. (a) Informant **Charles Saddle**

(b) Address **Epiphany St, Spring City, MO**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **SEPT 21 1940**  
(Month) (Day) (Year)

(c) Place: burial or cremation **King City, MO**

18. (a) Signature of funeral director **Walter H. Phillips**

(b) Address **Spring City, MO**

19. (a) **9/20/40** (Date received local registrar) (b) **Walter H. Phillips** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Generty**  
(c) City or town **King City**  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **19** year **1940** hour **2** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **April 25**, 19\_\_\_\_, to **Sept 19**, 19**40**  
that I last saw her alive on **Sept 17**, 19**40**; and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of gall bladder and secondary spread to liver**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **46**

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? **284**  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **Dr. Jack A. Barnes** (M.: D. or other) **J**  
Address **King City, MO** Date signed **9/20/40**

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

5-17-39  
PI X2149Z

RECEIVED  
District Health Officer No. 11,  
District File Number  
Date Filed

Jack Barnes

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 Leroy F. Phillips

Licensed Embalmer No. 1898

P. O. Address Stoughton, MA

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.