FILED JAN 23 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44010

Registration District No. 816 Primary Registration District No. 4485 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Queencity Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Schuyler

(c) City or town Queencity (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Hugh M. Saxbury

3. (b) If veteran, name war None

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Kate

6. (c) Age ~~of husband or~~ wife if alive 72 years

7. Birth date of deceased July (Month) 30 (Day) 1878 (Year)

8. AGE: Years 62 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Minier Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business Attorney at Law

FATHER 12. Name David Saxbury

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

MOTHER 14. Maiden name Mariah Tucker

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

16. (a) Informant Kate Saxbury

(b) Address Queen City

17. (a) Burial, Queenci (Burial, cremation, or removal) (b) Date thereof Oct 31 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Burial Queencity Cem

18. (a) Signature of funeral director Wm H West

(b) Address Queencity Mo

19. (a) 10/31-40 (Date received local registrar) (b) Olive Jones Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 year 1940 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 23 1940 to Oct 5 1940 that I last saw him alive on Oct 5 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombus	48 hours
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. P. [illegible] (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

OCT 20 1948

RECEIVED
District Health Officer No. 10
District File Number 1-41-74
Date Filed JAN 13 1941

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 My Self, Registered Apprentice No. ....., working under my personal supervision.

Signed Wm N. West

Licensed Embalmer No. 2882

P. O. Address Queencity 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.