

Registration District No. 312

Primary Registration District No. 4188

Registrar's No.

1. PLACE OF DEATH

(a) County Montgomery  
 (b) City or town Spring City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Spring City Home, Mo. #  
 (If not a hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 (Specify whether)  
 In this community all of life (years, months or days)

3. (a) PRINT FULL NAME Esther Alice Evelyn Saddle

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

4. Sex F-1 5. Color or race Can 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Frank Saddle 6. (c) Age of husband or wife if alive years 4-1861  
 7. Birth date of deceased Oct (Month) 4 (Day) 1861 (Year)

8. AGE: Years 79 Months 8 Days 23 If less than one day hr. min.

9. Birthplace De Kalb, ev. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Home work

11. Industry or business —

12. Name Infirmary - Couser

13. Birthplace Mo. # 1 (City, town, or county) (State or foreign country)

14. Maiden name Mary A. Trotter

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

16. (a) Informant Ide Rudben

(b) Address Spring City, Mo

17. (a) Burial (b) Date thereof 6-29-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation York Cem.

18. (a) Signature of funeral director R. A. Haggart

(b) Address Spring City, Mo

19. (a) 6-28-41 (b) Donald D. Hunt (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery  
 (c) City or town Spring City (If outside city or town limits, write "RURAL")  
 (d) Street No. (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 - day 27 - year 1941 hour 4 - minute 40.9 - A.M.

21. I hereby certify that I attended the deceased from June 11, 1941, to June 27, 1941; that I last saw her alive on June 27, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia and Apoplexy Duration 2 days 1 day  
 Due to Fracture of hip 16 days

Other conditions (Include pregnancy within 3 months of death)

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 038  
 (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 D. W. Stackhouse (M. D. or other) D  
 Address Spring City, Mo. Date signed 6/28/41

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

*R. G. Taggart*

Licensed Embalmer No. 2563

P. O. Address Kingclays

**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, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 312

Primary Registration District No. 418.8

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town King City  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Esther A E Saddleu

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F (5. Color or race White) 6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 23 Year 1941 Hour \_\_\_\_\_ Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic hemorrhage and apoplexy Duration \_\_\_\_\_

Due to Fractured of hip  
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) Accident 030

(b) Date of occurrence June 11-1941

(c) Where did injury occur? King City Gentry MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? Yes (Specify type of place) (e) Means of injury Fall

23. Signature E. Blacklock (M. D. or other) \_\_\_\_\_

Address King City MO Date signed \_\_\_\_\_

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

SUPPLEMENTARY

S-25065