

AUG 9 1941 720

Primary Registration District No. 5951

Registrar's No. 10

## 1. PLACE OF DEATH:

- (a) County Putnam  
(b) City or town RURAL Lepusky Twp.  
(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)

3. (a) PRINT FULL NAME SARAH FRANCES BADGER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 2

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced m.  
6. (b) Name of husband or wife CORIS BADGER 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased June 6 1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Homework

## 11. Industry or business

12. Name Morton Horton  
13. Birthplace 1 Kenn. (City, town, or county) (State or foreign country)  
14. Maiden name Lily Budger  
15. Birthplace 1 Lemm. (City, town, or county) (State or foreign country)

16. (a) Informant Corys Badger  
(b) Address Costsville Mo.  
17. (a) Rural (b) Date thereof June 17-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Chapel

18. (a) Signature of funeral director E. E. McClellan  
(b) Address Unionville Mo.  
19. (a) July 23-41 (b) E. E. McClellan  
(Date received by registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Putnam  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Costsville Mo R. 72 (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day June  
year 1941 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from June 12  
\_\_\_\_\_, 1941 to June 15, 1941

that I last saw him alive on June 14, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to arteriosclerosis

Due to 132

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 \_\_\_\_\_  
(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) (a) Means of injury \_\_\_\_\_

23. Signature P. H. Hart (M. D. or other) D  
Address Costsville Mo Date signed June 15

Duration

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

RECEIVED

District Health Officer No. 10

District File Number 8-41-1432

Date Filed AUG 6 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

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*M E Hushel*

Licensed Embalmer No.

*3284*

P. O. Address

*Unionville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.