

FILED SEP 10 1941

State File No. \_\_\_\_\_

Registration District No. 232

Primary Registration District No. 4952

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

1. PLACE OF DEATH:

(a) County Daviess  
 (b) City or town Jamesport, Rural  
 (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 \_\_\_\_\_  
 In this community most of lifetime / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess  
 (c) City or town Jamesport R.F.D.1  
 (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

Geo. R. Saul

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hanna Saul  
 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Feb. 15 1876  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>6</u>	<u>12</u>	_____ hr. _____ min.

9. Birthplace Princeton Ill.  
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farming

12. Name Thos. Saul

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

14. Maiden name Martha Pettrow  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Hanna Saul

(b) Address Jamesport Mo.

17. (a) burial (b) Date thereof Aug. 29 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove No. 2

18. (a) Signature of funeral director E. M. Jones

(b) Address Gallatin Mo.

19. (a) Aug 29 1941 (b) Nelle Welch  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29  
 year 1941 hour 12 minute 55 P. M.

21. I hereby certify that I attended the deceased from Aug 25 1941, to Aug 29 1941;  
 that I last saw him alive on Aug 29 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Poisoning

Due to Uremia  
 Due to Acute nephritis

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) (e) Means of injury \_\_\_\_\_

23. Signature F. B. Bailey (M. D. or other) 400  
 Address Jamesport Mo. Date signed 8-28-41

229 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

031  
2

130

PHYSICIAN  
Underline the cause to which death should be charged statistically.

5 2 82

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**