

Registration District No. 775

Primary Registration District No. 6020-a

Registrar's No. 54

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonneterre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Mo (b) County St. Francois
(c) City or town Bonneterre
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Vernon Henry Saffell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased Aug 3 - 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 5 hr 6 min

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Paul Vernon Saffell
13. Birthplace Bonneterre Mo
(City, town, or county) (State or foreign country)
14. Maiden name Rosie Mae Sullivan
15. Birthplace Bee Bee Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Vernon Saffell
(b) Address Bonneterre Mo

17. (a) Burial (b) Date thereof Aug 4 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Middle cemetery Leadwood Mo

18. (a) Signature of funeral director none
(b) Address _____

19. (a) Aug 3, 1944 W. W. Hawkin
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 rd
year 1941 hour 06 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8-3-
1941 to 8-3- 1941
that I last saw him alive on 8-3- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Prematurity

Due to _____

Due to _____

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 P. L. Evans (M. D. or other) 0
Address Bonneterre Mo Date signed 8-4-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

74
2
1

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 with the above constitutes grounds for revocation of license.)

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