S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 41402

Registrar's No. 1171

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: State Hospital #22 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 yrs. 11 mo. 2 ds. (Specify whether years, months or days)

In this community 9 yrs. 11 mo. 2 da.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 11

(c) City or town Arkoe 1 (If outside city or town limits, write "RURAL")

(d) Street No. Rural 7 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anthony Savage

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Aug (Month) 23 (Day) 1876 (Year)

8. AGE: Years 65 Months 3 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business ?

FATHER
12. Name Matthew P. Savage
13. Birthplace Ir.? (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Ann Devilin
15. Birthplace ? (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Minnie E. Savage.

(b) Address Arkoe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Highbridge Cem. Stanberry Mo.

18. (a) Signature of funeral director Evan Johnson

(b) Address Stanberry Mo.

19. (a) 12-4-1941 (Date received local registrar) (b) H. J. Nestlebush L.O. (Registrar's signature)

80

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th year 1941 hour 5 40 minute A. M.

21. I hereby certify that I attended the deceased from 1-2, 1932 to Dec. 4th, 1941; that I last saw him alive on Dec. 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	?
pulmonary edema	?
Due to —	
Due to —	

Other conditions Maniacal for many yrs. (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

93d

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 0

23. Signature T. T. O'Dell (M. D. ~~or other~~) M.D.

Address St. Joseph Date signed 12/4/41

(Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

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~~ .....

J. Evan Johnson, Registered Apprentice No. .....

working under my personal supervision.

Signed J. Evan Johnson

Licensed Embalmer No. 3492

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.