H-2236

V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17469

State File No. 175

Registration District No. 83

Primary Registration District No. 7231

Registrar's No. 578

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST JOESPH
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. HOSP. #2 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs 11 Mos (Specify whether
In this community 2 yrs 11 mos
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ~~BUCHANAN~~ JACKSON 11

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

(d) Street No. UNKNOWN
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ARTHUR SADDLER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife

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

7. Birth date of deceased JULY (Month) 16 (Day) 1884 (Year)

8. AGE:	Years	Months	Days	If less than one day
58	58	9	29	16 hr. 10 min.

9. Birthplace SHERMAN (City, town, or county) TEXAS 1 (State or foreign country)

10. Usual occupation WAITER

11. Industry or business RAILROAD DINING CAR

FATHER
12. Name ARTHUR SADDLER SR.
13. Birthplace TEXAS (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name CORA GARNETT
15. Birthplace (City, town, or county) TEXAS 1 (State or foreign country)

16. (a) Informant (PATIENT) ARTHUR SADDLER

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof 5-19-42 (Month) (Day) (Year)

(c) Place: burial or cremation Hosp. Cemetery

18. (a) Signature of funeral director Ramsey & Son

(b) Address 1602 Messanie Sts.

19. (a) 5-19-42 (Date received local registrar) (b) Rose Heyog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 16
year 1942 hour 4 minute 10/P M.

21. I hereby certify that I attended the deceased from MARCH 1, 1942 to MAY 16, 1942
that I last saw him alive on MAY 76, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
SYPHLITIC MENINGO-ENCEPHALITIS	34 YRS
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

30 b

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) NONE

(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

23. Signature David Edwards (M. D. or other) M D

Address St Joseph Mo Date signed 5-16-42

1233

(Licensed Embalmer's Statement on Reverse Side)

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.