

FILED JUL 20 1942

Registration District No. **385**

Primary Registration District No. **4228**

46
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Willow Springs, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Duration of Illness.
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Willow Springs
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHRISTIAN SASS

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 Married

6. (b) Name of husband or wife Rosa Sass 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June 12 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 8 X _____ hr. _____ min.

9. Birthplace Stassow, Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Merchant

MOTHER FATHER { 12. Name Christian Sass

{ 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name Augusta Craft

{ 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rosa Sass

(b) Address Willow Springs, Missouri.

17. (a) Burial (b) Date thereof 2-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Burns Funeral Home

(b) Address Willow Springs, Missouri.

19. (a) 2-13-42 (b) Rosette Ferguson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1942 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from 6-15
1941 to 2-12-1942
that I last saw him alive on 2-12- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon 4 Yrs.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 46

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature CP Wallhace (M. D. or other) _____

Address Willow Springs, Mo Date signed 7/14/42

RECEIVED

District Health Officer No. 5,

District File Number 442325

Date Filed 7-17-49

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

Thomas R. Burns Jr.

Licensed Embalmer No. 4214

P. O. Address Willow Springs, Mo.

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.