

FILED OCT 13 1942

Registration District No. **290**

Primary Registration District No. **5984**

Registrar's No. **104**

1. PLACE OF DEATH

(a) County **PULASKI**

(b) City or town **HAYEGREEN**

(c) Name of hospital or institution: **RURAL**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO**

(b) County **Pulaski**

(c) City or town **Rural**
(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 **JACOB ELMER SAKSMAN**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **26** year **1942** hour _____ minute **10.30** p.m.

4. Sex **MALE**

5. Color or race **White**

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

6. (b) Name of husband or wife **Little Saksman**

6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **March 31 1884**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 21** 1942 **to** **Sept 26** 1942

that I last saw **him** alive on **Sept 25** 1942 and that death occurred on the date and hour stated above.

Immediate cause of death **arterial sclerosis**

Duration _____

8. AGE:

Years	Months	Days	If less than one day
58	5	26	hr. _____ min. _____

Due to **arterial sclerosis 3 years**

Due to _____

9. Birthplace **HAYEGREEN PULASKI MO**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **830**

10. Usual occupation **Farmer**

PHYSICIAN

Major findings: **none**

Of operations _____

Of autopsy **none made**

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name **DAN SAKSMAN**

13. Birthplace **UNKNOWN TENN**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY RIGSBY**

15. Birthplace **UNKNOWN TENN**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(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) _____
(c) Means of injury _____

23. Signature **C. M. Little** (M. D. or other) _____
Address **Cooper, MO** Date signed **9-28-42**

16. (a) Informant **Flora Saksman**

(b) Address **HAYEGREEN MO**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **9-28-42**
(Month) (Day) (Year)

(c) Place: burial or cremation **BAXEVILLE**

18. (a) Signature of funeral director **R. J. Jeeper**

(b) Address **Richland, Mo**

19. (a) **10-3-1942** (Date received local registrar)

(b) **Charm Dodd** (Registrar's signature)

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

85
0
0

1170

RECEIVED

Pulaski County Health Officer

File Number 10-42-192

Date Filed 10-9-42

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. 1111

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.