

S. No. 2  
M-9.4-41  
v. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35025  
Registrar's No. 45

FILED NOV 10 1942

Registration District No. 3 K1

Primary Registration District No. 30 75

10-1-42

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

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution:  
(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 Stoddard Mo. (b) County Stoddard

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

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

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

103  
3

3. (a) PRINT FULL NAME Frank William Saxe

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9  
year 1942 hour 9 minute 10 A. M.

21. I hereby certify that I attended the deceased from Sept. 20th 1942 to Oct. 8th 1942  
that I last saw him alive on Oct. 8th 1942  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Coar Saxe

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased W. Sept. 1. 1875  
(Month) (Day) (Year)

Immediate cause of death myocarditis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
67 29 hr. min.

9. Birthplace Elkhart Wisc.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER { 12. Name unknown

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

{ 14. Maiden name.....

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

16. (a) Informant Mrs. Cora Saxe

(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 10.10.42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Centery Mo.

18. (a) Signature of funeral director Watkins Funeral Ser.

(b) Address Dexter, Mo.

19. (a) 10-11-42 (b) Nora Smith  
(Date received local registrar) (Registrar's signature)

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 A. Cannon (M. D. or other) 200

Address Dexter Date signed 10/11/42

#10

1137

(Licensed Embalmer's Statement on Reverse Side)

*Carroll*

RECEIVED

District Health Office No. 2,

District File Number 11-42-1373

Date Filed 11-4-42

**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 *B. J. Brentlinger*

Licensed Embalmer No. 4301

P. O. Address Dexter, 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.**