

FILED DEC 18 1943

Registration District No. 78

Primary Registration District No. 5357

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Rural Benton Twp
(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 74 Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess

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

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

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

3. (a) PRINT FULL NAME John Dee Savage

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1943 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov. 19
to Nov. 22, 1943 to _____, 19____;
that I last saw him alive on Nov 21 1943, 19____;
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 Widowed

6. (b) Name of husband or wife Hattie Bell Savage

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

7. Birth date of deceased Oct 9 1869
(Month) (Day) (Year)

Immediate cause of death:
Cerebral Hemorrhage Duration 4 day

8. AGE: Years 74 Months 1 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace Daviess Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Savage

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

14. Maiden name Amanda Ferguson

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

16. (a) Informant Agness Lear

(b) Address Pattonsburg, Mo.

17. (a) Burial (b) Date thereof 11/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Best Chapel

18. (a) Signature of funeral director [Signature]

(b) Address Pattonsburg, Mo.

19. (a) 11-25-1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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) _____

(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 [Signature] (M. D. or other) _____

Address Jameson Mo Date signed 11/25/43

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

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 *E. S. Gromer*

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.