

FILED JAN 10 1944

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 462

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution State Hospital Exp 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks 6 m 11 days
(Specify whether years, months or days)

In this community same

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

(c) City or town Paris Mo
(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 _____

3. (a) PRINT FULL NAME JOHN SAGESER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 24 1943 to Dec 25 1943 that I last saw him alive on Dec 24 1943 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 single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: DK
(Month) (Day) (Year)

Immediate cause of death Influenza Duration 10 days

8. AGE: Years 76 or 77 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

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

10. Usual occupation farmer

Major findings: Of operations _____ Of autopsy 330

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Fred Sageser

13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace DK 9
(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) _____

(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? _____

16. (a) Informant Records
(b) Address _____

17. (a) Removal (b) Date thereof 12-27-43
(Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation none to no cemetery through

18. (a) Signature of funeral director none
(b) Address Callaway Mo

19. (a) 12-27-1943 (b) Josee Morsouthoff
(Date received local registrar's) (Registrar's signature)

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

Signature Geo W Kervis (M. D. or other) M.D.
Address Callaway Mo Date signed 12/29/43

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 *M. J. ...*
Licensed Embalmer No. 4313
P. O. Address *Centerville 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.