

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 21 1944

Primary Registration District No. **3000**

Registrar's No. **40**

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

1. PLACE OF DEATH:

(a) County **Adair**

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

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

(d) Length of stay: In hospital or institution **8 days**
(Specify whether years, months or days)

In this community **all his life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Adair**

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

(d) Street No. **1003 S. Haliburton**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **no**

3. (a) PRINT FULL NAME **JOSEPH E. SADLER**

3. (b) If veteran, name war **World War I**

3. (c) Social Security No. **494-206428**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **11** year **1944** hour **12** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **Feb 3 1944** to **Death (Feb 11) 1944**; that I last saw him alive on **Feb 10 1944**; and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Nola Sadler** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased: **Nov 17 1894**
(Month) (Day) (Year)

Immediate cause of death **Embolism**

Due to **Coronary Occlusion** **8 days**

Due to **over exertion and nervous excitability** **several years**

Other conditions **None**
(Include pregnancy within 3 months of death)

8. AGE: Years **49** Months **2** Day **24** If less than one day **hr. min.**

9. Birthplace **Plevna, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

Major findings: Of operations **None**

Of autopsy **None**

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

(a) Accident, suicide, or homicide (specify) **None**

(b) Date of occurrence **None**

(c) Where did injury occur? **None**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **None**

11. Industry or business **Farmer**

12. Name **Glenn Richard Sadler**

13. Birthplace **Vallisca, Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Sara Mae Kimmel**

15. Birthplace **Christiania, Ill.**
(City, town, or county) (State or foreign country)

PHYSICIAN **None**

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Joe Sadler**

(b) Address **1003 S. Haliburton**

17. (a) **Burial** (b) Date thereof **2-13-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **La Plata, Mo.**

18. (a) Signature of funeral director **Sumner House**

(b) Address **Kirksville, Mo.**

19. (a) **2/11/44** (b) **Mrs. J. Wagoner**
(Date received local registrar) (Registrar's signature)

While at work? **None** (Specify type of place) (c) Means of injury **2**

13. Signature **G. Herbert Clough** (M. D. or other) **D.O.**

Address **Kirkville Mo** Date signed **2/11/44**

141
2/21/44

1049

FEB 21 1944

FEB 24 1944

MAR 3 1944

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 W. C. Summers
Licensed Embalmer No. 20147
P. O. Address Richsville 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.