

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 90

1. PLACE OF DEATH:

(a) County CAPE-GIRARDEAU  
 (b) City or town CAPE-GIRARDEAU  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
ST. FRANCIS 0  
(If not in hospital or institution, write street number of location)  
 (d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)  
 In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Near Jackson mo.  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country 1

3. (a) PRINT FULL NAME

BEAM-SAUVENS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M 1  
 6. (b) Name of husband or wife Minnie Savens 6. (c) Age of husband or wife if alive 55 years  
 7. Birth date of deceased April 8 1880  
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 24 If less than one day  
hr. min.

9. Birthplace Cape Girardeau Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name J. W. Savers  
 13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name unknown - Howard  
 15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bern Savers  
 (b) Address Jackson mo  
 17. (a) Buried (b) Date thereof 3-4-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director Wickham Staller Seebach  
 (b) Address Jackson mo  
 19. (a) 3-4-44 (b) H. H. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1  
 year 1944 hour 10:57 minute 1 A. M.

21. I hereby certify that I attended the deceased from Feb 28 1944 to March 1 1944  
 that I last saw him alive on March 1 1944  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Apoplexy  
 Duration

Due to blunt trauma  
 Due to  
 Other conditions Myo Carditis 1940  
(Include pregnancy within 9 months of death)

Major findings:  
 Of operations 938  
 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 J. W. Phelps (M. D. or other)  
 Address Jackson mo Date signed 2-3-44

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

151X

AUG 4 1949

District Health Officer No. 4  
District File Number 444-365  
Date Filed 4-7-48

**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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.**