

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 20 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville  
(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 Missouri (b) County Barry

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

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

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nancy Ellen Satterlee

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26 year 1944 hour 7 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Jan 3 1944 to Feb 25 1944; that I last saw her alive on Feb 25 1944 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Richard Satterlee 6. (c) Age of husband or wife if alive thirteen years

7. Birth date of deceased: June (Month) 11 (Day) 1858 (Year)

Immediate cause of death: Cholecystitis with obstruction of common bile duct

Due to probably a growth - jaundiced - fever

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>8</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Ruby Poyarov  
(b) Address Cassville

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

(c) Place: burial or cremation New Salem Cemetery

18. (a) Signature of funeral director Culver Funeral Home  
(b) Address Cassville, Missouri

19. (a) April 4 - 1944 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

12784

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W R M C (M.D. or other) \_\_\_\_\_  
Address Cassville, Mo Date signed 3/19/44

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 444-472

Date Filed APR 12 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.....

Margaret Culver....., Registered Apprentice No. 357

working under my personal supervision.

Signed J. E. Culver.....

Licensed Embalmer No. 3584

P. O. Address Cassville,

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.