

FILED SEP 30 1944
Registration District No. **2461**

Primary Registration District No. **2461**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Rogersville Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Washington 25**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Rogersville, rural, Washington 25**
(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 **Ella Alice Saddler**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Charley** 6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **Sept. 20 1890**
(Month) (Day) (Year)

8. AGE: Years **53** Months **7** Days **4** If less than one day hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Thomas Keen**

13. Birthplace **Seneca, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Laura Camp**

15. Birthplace **Greene Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charley Saddler**

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

17. (a) **Burial** (b) Date thereof **Apr. 26-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Palmetto Cem.**

18. (a) Signature of funeral director **Kelley-Genell**

(b) Address **Rogersville, Missouri**

19. (a) **May 6-44** (b) **Mr. Frank Smith**
(Date received local for trial) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **April** day **24**
year **1944** hour **5** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **6-24-44** to **Apr 24 1944**
that I last saw her alive on **on April 24 1944**
and that death occurred on the date and hour stated above
Immediate cause of death **Heart valvular lesion**

Due to **Pneumonia & Bronchial**
Due to **97**

Other conditions **none**
(include pregnancy within 3 months of death)

Major findings: **Heart Condition**
Of operations _____
Of autopsy **no**

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, town) (County) (State) **Mo**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **no** (Specify type of place) _____ (c) Means of injury _____

23. Signature **W.F. [Signature]** (M.D. or other) _____
Address **Springfield** Date signed **May 10**

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

10-15

224

NOV 24 1948

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 K. B. Keller

Licensed Embalmer No. 3334

P. O. Address Seymour, 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.