

S. No. 2
M-2-43
7. 5-17-39
-I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40916

State File No.

FILED JAN 8 1945

Registrar's No. 3

Registration District No. 70

Primary Registration District No. 127

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Kahoka
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME Anna Marie Saar

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

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

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Oct. 29 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Clark Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name John Saar
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Susanna Kuntz
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Erma Kuntz
(b) Address Germany

17. (a) Burial (b) Date thereof 1-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Cemetery

18. (a) Signature of funeral director Fred J. Karst
(b) Address Kahoka Mo

19. (a) 12-29-44 (b) Plays Doctor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23
(c) City or town Kahoka
(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 ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1944 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1/3 to 1/3
that I last saw him alive on 11/3
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to 948

Other conditions
(Includes pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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 W. P. Bridges MD M.D. or other
Address Kahoka Mo Date signed 1/29

1215 (Licensed Embalmer's Statement on Reverse Side)

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

13
1
0

1
0

28
19
54

24

RECEIVED

District Health Officer No. 10

District File Number 1-45-19

Date Filed JAN 5 1945

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.....

F. J. Karna
Licensed Embalmer No. 1023

P. O. Address Kabote 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.