

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Sarcxie R.F.D. / Sarcxie Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Sarcxie R.F.D. 7
(If outside city or town limits, write "RURAL") 0
(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 Sadie R. Deputy

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

4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harold A. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 7, 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	9	20	hr. _____ min.

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

10. Usual occupation clerk

11. Industry or business hardware store

MOTHER FATHER

12. Name W.R. Patton
13. Birthplace Dept Know 9
(City, town, or county) (State or foreign country)
14. Maiden name Josie McNamee
15. Birthplace Dept Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant H. H. A. Deputy
(b) Address Sarcxie, Missouri

17. (a) Burial (b) Date thereof 12/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Secede Cemetery
18. (a) Signature of funeral director Roland Engle

(b) Address Sarcxie Missouri
19. (a) 12/29/44 (b) Roland Engle
(Date received local registrar) (Name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mon December day 27
year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-6-1944 to 12-27-1944
that I last saw her alive on 12-26-1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

Carcinoma of throat
Due to 6 mo.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

458
Major findings: Of operations _____
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?

(Specify type of place) While at work? (e) Means of injury _____

23. Signature J. B. G... (M. D. or other)
Address Sarcxie Mo Date signed 12-29-44

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

44-12-1107

AUG 14 1951

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mr. Vernon

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, it should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb.
Registrar's No. 285

Registration District No. 157

Primary Registration District No. 5588

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Rural - Sarcovie Twp
(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 _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sadie R. Deputy
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec year 1968 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Mar (Month) 7 (Day) 1899 (Year)

8. AGE: Years 50 Months 7 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

S-29.50