

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

1. PLACE OF DEATH:
(a) County Falk
(b) City or town Balvina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Division and Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 8 years. 1 years, months or days)

3. (a) PRINT FULL NAME Richard Saudridge
3. (b) If veteran, name Spanish American 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Frances Anna Saudridge 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 7, 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 7 If less than one day 3 hr. 0 min.

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

10. Usual occupation Retired Butcher and Farmer

11. Industry or business Farmyard Meat Putter

12. Name Richard Saudridge Sr.

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 Mrs Richard Saudridge
(b) Address Balvina Mo

17. (a) Removal (b) Date thereof Jan 14, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly Aug 4, 1940

18. (a) Signature of funeral director Erwin H. Blue
(b) Address Balvina Mo

19. (a) Jan 14, 1945 (b) Alice Valen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Falk
(c) City or town Balvina
(If outside city or town limits, write "RURAL")
(d) Street No. Division and Main
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 14
year 1945 hour 11:30 minute 0 a. m.
21. I hereby certify that I attended the deceased from July 1944 to Jan 14, 1945
that I last saw him alive on Jan 14 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 1-14-45
Duration _____

Due to Generalized arteriosclerosis
Due to _____

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

Major findings:
Of operations § 30
Of autopsy _____

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 Dryle McCraw (M. D. or other)
Address Balvina Mo Date signed 1-14-45

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

FEB 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

Willard B. Erwin

Licensed Embalmer No. *3092*

P. O. Address *Ballwin, 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.