

FILED MAR 14 1945

Registration District No. 128

Primary Registration District No. 5458

Registrar's No. 32

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Walnut Grove, Mo. Walnut
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Home St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 10 minutes years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Walnut Grove, Mo. R 3
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Jackson Township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Charley Sageh

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

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

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

7. Birth date of deceased August 2 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 17 hr. min.

9. Birthplace Walnut Grove R3, Polk County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Howard E. Sageh

13. Birthplace Broken Arrow Okla
(City, town, or county) (State or foreign country)

14. Maiden name Alice Luster

15. Birthplace Broken Arrow Okla
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Howard E. Sageh
(b) Address Walnut Grove, Mo. R3

17. (a) Rural (b) Date thereof Feb 22 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Logansport, Boone County

18. (a) Signature of funeral director Neil A. Pasm
(b) Address Walnut Grove, Mo

19. (a) 2-20-45 (b) Nelson H. Murray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th year 1945 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 14 1945 to Feb 18 1945
that I last saw him alive on Feb 18 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Possibly Pneumonia Complication

Due to _____
Due to 3 3 15
Other conditions (Include 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) (e) Means of injury _____

23. Signature: J. J. Darby (M. D. or other) _____
Address Walnut Grove, Mo Date signed 2-20-45

1245

RECEIVED

Greene County Health Office,

County File Number 45-3-27,

Date Filed 3-13-45

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 Gene A. Bism

Licensed Embalmer No. 7664

P. O. Address Walnut Grove 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.