V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7040

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 287

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

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Frankclay Rondale Ha
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: — 1
(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 Missouri (b) County St. Francois
(c) City or town Frankclay 4
(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 — 0

3. (a) PRINT FULL NAME Ernest Joseph Saggars

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

4. Sex M 5. Color or race W 6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2

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

7. Birth date of deceased May (Month) 13 (Day) 1855 (Year)

8. AGE: Years 90 Months 4 Days 9 If less than one day — hr. — min.

9. Birthplace — (City, town, or county) England (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Unknown 9
13. Birthplace — (City, town, or county) — (State or foreign country) 1

MOTHER
14. Maiden name Unknown 9
15. Birthplace — (City, town, or county) — (State or foreign country) 9

16. (a) Informant Lee Johnson
(b) Address Route 1 - Irondale Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof January 24, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Frankclay, Missouri

18. (a) Signature of funeral director J. S. Boyer & Son
(b) Address Leadwood, Missouri

19. (a) 1-26-45 (Date received local registrar) (b) Forrest Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1945 hour 5 minute 9 M.

21. I hereby certify that I attended the deceased from July, 1943, to Jan 22, 1945; that I last saw him alive on 1-20, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia — Duration 60

Due to arterio-sclerosis general

Due to Chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

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 H. C. Gaehl (M. D. or other)
Address Desloge Date signed 1-25-45

1373 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 245-275
Date Filed 2-20-45

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 Melvin Miller, Registered Apprentice No. 367, working under my personal supervision.

Signed Ben L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood, 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.