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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1945

Registration District No. 163

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5596

State File No. 13723

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route #3, DeSoto, Mo. (If not in hospital or institution, write street number or location)

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

In this community 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Route #3, DeSoto, Mo. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ferdinand Sauer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Margaret Sauer

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased July (Month) 7 (Day) 1866 (Year)

8. AGE: Years 78 | Months 9 | Days 4 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Farmer

11. Industry or business Farming

FATHER
12. Name William Sauer
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ernistina Lotner
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Walter Dembach

(b) Address DeSoto Mo R. 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive, DeSoto Mo.

18. (a) Signature of funeral director J. Lee Mothershead

(b) Address DeSoto — Mo.

19. (a) 4-13-45 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 11th day ..... year 1945 hour 9th minute ..... M.

21. I hereby certify that I attended the deceased from Apr 11th 1945 ..... 19..... to Apr 11th 1945; that I last saw him alive on Dead Apr 11th 1945; and that death occurred on the date and hour stated above.

Immediate cause of death By Committing Suicide by Shooting Himself

Due to (By Coroners Inquest)

Due to

Other conditions (Include pregnancy within 3 months of death) 64 C

Major findings: Of operations Hole through skull Caused by Gun Shot wound

Of autopsy None

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) Suicide

(b) Date of occurrence Apr 11th 1945

(c) Where did injury occur? Home home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At his home (Specify type of place)

While at work? No (e) Means of injury Gun Shot wound

23. Signature T. Burton Edwards (M. D. or other) Coroner

Address Cedar Hill Mo. Date signed Apr 11th 1945

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9

District File Number.....

Date Filed 5-10-45

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 J Lee Motherwhead

Licensed Embalmer No. 3531

P.O. Address DeSoto 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.