

FILED JAN 25 1945 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 192

Primary Registration District No. 5706

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Rural Anderson Mo  
(c) Name of hospital or institution: neither  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 18 yrs - years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison  
(c) City or town Rural  
(d) Street No. 3011 E. of Anderson  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME MATTIE B. SATER

3. (b) If veteran, name war none 3. (c) Social Security No. 4-98-28-1072

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Alford Sater 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 24 1896 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 3 19 4 hr. 4 min.

9. Birthplace Dade Co. Mo - 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name B. B. Dickerson  
13. Birthplace Pulasky, Kentucky  
14. Maiden name Elizabeth Redman  
15. Birthplace Dade Co. Mo - 0

16. (a) Informant A. B. Dickerson  
(b) Address Greenfield

17. (a) Burial (b) Date thereof 12-7-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tracy Cemetery  
18. (a) Signature of funeral director Richard Chester Tatum Funeral Home

(b) Address Anderson Mo.

19. (a) 12/10/45 (b) Wiley Dobbs  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th year 1945 hour 11 minute 05 P. M.

21. I hereby certify that I attended the deceased from 11/30/45 to 12/4/45 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy N.M.

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 Edmund D. D. (M. D. or other) \_\_\_\_\_  
Address Anderson Mo. 64041 Date signed 12/10/45

Duration \_\_\_\_\_  
Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
100571

RECEIVED

District Health Officer No. 6;

District File Number 146-97

Date Filed JAN 22 1946

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 me

....., Registered Apprentice No. 1  
working under my personal supervision.

Signed R. E. Cleatham

Licensed Embalmer No. 3813

P. O. Address Anderson, 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, above space should be left blank.