No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8304

Registration District No. 3 2 7 Primary Registration District No. 6 2 2 2 Registrar's No. 6 6

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Moundville Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 49 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Vernon 108
(c) City or town: Rural (If outside city or town limits, write "RURAL") 11
(d) Street No.: 1 1/2 mi. N Bronaugh (If rural, give location) 0
(e) Citizen of foreign country? ____ (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: ANNA SOPHIA SAATHOFF
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: John L. Saathoff
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: May 20 1869 (Month) (Day) (Year)
8. AGE: Years 76 Months 8 Days 15 If less than one day ____ hr. ____ min.
9. Birthplace: Westestede (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business ____
MOTHER FATHER
12. Name: Henry Niemeyer
13. Birthplace: ____ (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name: Hilka Ferdinand
15. Birthplace: ____ (City, town, or county) Germany " (State or foreign country)
16. (a) Informant: Mrs. Sadie A. Beck
(b) Address: Bronaugh, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 7 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Worsley Cemetery
18. (a) Signature of funeral director: KONANTZ FUNERAL HOME
(b) Address: Lamar, Missouri
19. (a) Feb 8 1946 (Date received local registrar) (b) Ruth Farth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5 year 1946 hour 4 minute 40 P. M.
21. I hereby certify that I attended the deceased from Jan. 15 / 1946 to Feb. 5th 1946, that I last saw her alive on Feb. 5th 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Dropsy	20 Days
Due to: Myocarditis Mitral Insufficiency Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations ____ Of autopsy ____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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): No.
(b) Date of occurrence: No.
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None
While at work? No (Specify type of place) (e) Means of injury: None
23. Signature: F. R. Bell (M. D. ~~or other~~)
Address: Lamar Mo. Date signed 2/6/46.

330 (Licensed Embalmer's Statement on Reverse Side)

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 Earl F. Kennedy

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Mar

Registration District No. 359 Primary Registration District No. 6222 Registrar's No. 66

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna S. Saathoff
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 20 1886 (Month) (Day) (Year)
8. AGE: Years 26 Months 8 Days If less than one day hr. min.
9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day year 1946 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death — Duration
Chronic arterial-Nephritis
Due to arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months)
Major findings: Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 F. R. Lyell (M. D. or other)
Address Lamar Date signed 3/6/46.

SUPPLEMENTARY

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

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