S. No. 2
M—2-43
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I X35697

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

29818

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30987

FILED SEP 23 1948

Registration District No. 5

Primary Registration District No. 5783

Registrar's No.

1. PLACE OF DEATH:

(a) County Miller

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

(c) Name of hospital or institution: 3
(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 Ill. (b) County Cook 99

(c) City or town Chicago 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4924 So. Kedvale Ave 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 21

If yes, name country

3. (a) PRINT FULL NAME Michael R. Savich

3. (b) If veteran, name war W. W. II

3. (c) Social Security No. 306-09-1187

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Fay Billingsley Jan.

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Feb. (Month) 13 (Day) 1927 (Year)

8. AGE: Years 19 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Chicago (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Soldier

11. Industry or business U. S. Army

FATHER
12. Name Victor Sarvich 8
13. Birthplace Dalmatia (City, town, or county) Yugoslavia (State or foreign country)

MOTHER
14. Maiden name Antonia Savich 8
15. Birthplace Dalmatia (City, town, or county) Yugoslavia (State or foreign country)

16. (a) Informant Victor Savich

(b) Address 4924 S-Kedvale Ave. Chicago, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/24/46 (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director Lett Gardner

(b) Address Belleville, Ill.

19. (a) Sept. 5-46 (Date received local registrar) (b) Jessie Perkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1946 hour 2 minute a. 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 Crushing Face & head dismembering extremities

Due to Blunt Face from Airplane Crash

Due to

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.

173-5
34

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 66

(b) Date of occurrence 8-24-46

(c) Where did injury occur? Iberia (City or town) Miller (County) Mo (State)

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

While at work? (e) Means of injury Airplane Crash

23. Signature M. E. Humphrey (M. D. or other) Coroner

Address Tuscumbia, Mo. Date signed 8-25-46

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(Licensed Embalmer's Statement on Reverse Side)

Hedger F.H. Sherba, Mo.

SEP 23 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Body not embalmed.

Signed Jeff Gardner

Licensed Embalmer No.....

P. O. Address.....

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.