

S. No. 2.
M-5-43
7-5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30523**
Registrar's No. **372**

FILED SEP 18 1947

Registration District No. **43**

Primary Registration District No. **4057**

1. PLACE OF DEATH:
(a) County **Butler**
(b) City or town **Julin**
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Butler** **12**
(c) City or town **Julin** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **James Wesley Sadler**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **9** day **2**
year **47** hour **2** minute **30** P. M.
21. I hereby certify that I attended the deceased from **Jan. 20, 1947**
to **Sept. 2, 1947**
that I last saw h. **im** alive on **August 18, 1947**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Emma Sadler**
6. (c) Age of husband or wife if alive **78** years
7. Birth date of deceased **July 1, 1860**
(Month) (Day) (Year)

Immediate cause of death **Bronchial pneumonia** **Duration 2-2-47**
Due to **Chronic bronchitis** **1-20-47**

8. AGE: Years **87** Months **2** Days **2**
If less than one day _____ hr. _____ min.

Due to **Malnutrition**
Other conditions _____
(Include pregnancy within 3 months of death)

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

Major findings: **107**
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Unknown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy Sadler**

(b) Address **Julin, Mo.**

17. (a) **Burial** (b) Date thereof **9-3-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Browns Chapel Cem**

18. (a) Signature of funeral director **W. W. [Signature]**

(b) Address **107 [Address]**

19. (a) **9/6/47** (b) _____
(Date received local registrar) (Registrar's signature)

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 **[Signature]** (M. D. or other) **M. D.**

Address **Poplar Bluff, Mo.** Date signed **9-4-47**

RECEIVED

District Health Office No. 2,

District Office No. 947-124

Date Filed 9-15-42

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.....

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.