No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11473

State File No.

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: S. 8th St
(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 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

(c) City or town Rich Hill 2
(If outside city or town limits, write "RURAL")

(d) Street No. S. 8th St 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ———

3. (a) PRINT FULL NAME William Franklin Satterley

3. (b) If veteran, name war ———

3. (c) Social Security No. ———

4. Sex M O

5. Color or race W

6. (a) ~~Single~~, widowed, ~~married~~, divorced W 2

6. (b) Name of husband or wife Sarah Bean

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

7. Birth date of deceased May (Month) 3 (Day) 1869 (Year)

8. AGE: Years 78 Months 11 Days 26 If less than one day ___ hr. ___ min.

9. Birthplace Chillicothe (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business ———

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

16. (a) Informant Bates County Welfare
(b) Address Butler, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Greenlawn

18. (a) Signature of funeral director Barth
(b) Address 510 E Park Rich Hill

19. (a) 5-4-1948 (Date received local registrar) (b) Mrs. Edna Douglass (Registrar's signature) 21

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1948 hour 6 minute 20P M.

21. I hereby certify that I attended the deceased from February 12th, 1948, 19__, to April 29, 1948; that I last saw him alive on April 29, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Myocardial degeneration

Due to Arteriosclerosis

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.

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? 2
(Specify type of place)

While at work? (e) Means of injury

23. Signature T. R. McBee (M. D. or other) D.O.

Address Erbe Bldg Rich Hill Date signed 5-4-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-48-46
Date Filed 5-5-48

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 Harold M. Douglass, Registered Apprentice No. 410, working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Ind.

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.