

1-1/47
17-39

FILED NOV 30 1948

Registration District No.

Primary Registration District No. 5266

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Ozark Mo Rural
(c) Name of hospital or institution Finley Township
(d) Length of stay: In hospital or institution 50 years
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
(c) City or town Ozark Mo Rural
(d) Street No. Rural
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Samuel A. Page
3. (b) If veteran, name war. /
3. (c) Social Security No. /

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept, day 27, year 1948, hour 11, minute 45

4. Sex Male, Color or race W
5. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Common Law
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased May 8 1865

21. I hereby certify that I attended the deceased from Mar 12 1948 to Sept 27 1948 that I last saw him alive on Aug 27 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: I had not seen him for a month before death
Due to Chronic Diabetes 4 yrs

8. AGE: Years 83, Months 4, Days 19

Due to /
Other conditions: /
Major findings: /
Of operations: /

9. Birthplace: Christian County Mo

10. Usual occupation: Farmer

11. Industry or business: /

12. Name: Oliver Page

13. Birthplace: N. Carolina

14. Maiden name: Mame Jane Franklin

15. Birthplace: /

16. (a) Informant: Herbert Page

(b) Address: Ozark Mo

17. (a) Burial, cremation or removal: Burial, (b) Date thereof: Sept 25 1948

(c) Place: burial or cremation: Selmon Cemetery

18. (a) Signature of funeral director: T. B. Chaffin

(b) Address: Ozark Mo

19. (a) Date received local registrar: Nov 10 1948 (b) Registrar's signature: Quitta Leonard

PHYSICIAN
Underline the cause of 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? /
(d) Did injury occur in or about home, on farm, in industrial place, in public place? /
While at work? /
23. Signature: R. R. Fathring (M. D. or other) /
Address: Ozark Mo Date signed: 10-19-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 1148-1303

Date Filed 11-26-48

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 _____

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

Signed

T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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, fact should be so stated above.