DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10456

Registration District No. 95 — Primary Registration District No. 5141 — Registrar's No.

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Cowgill (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 2 (Specify whether years, months or days)

In this community years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Cowgill - rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Tavia Sackman

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 Married

6. (b) Name of husband or wife Chas. Sackman

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Mar (Month) 27 (Day) 1868 (Year)

8. AGE: Years 71 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Caldwell Co (City, town, or county) — (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jesse Butts
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Tamma Penny
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas Sackman

(b) Address Cowgill Mo.

17. (a) Cowgill (Burial, cremation, or removal) (b) Date thereof Mar 13-40 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director C A & L A Reed

(b) Address Cowgill Mo

19. (a) Mar 14 1940 (Date received local registrar) (b) Mrs M. D. Forbes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1940 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from September 15, 1939, to March 11, 1940; that I last saw her alive on March 11, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Thrombosis of Femoral Vein of Left Leg	3 mos.
Due to Generalized Arteriosclerosis	years
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	years

Major findings:
Of operations —
Of autopsy —

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? No injury (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 I. E. Goldberg (M. D. or other)

Address Polo, Mo. Date signed 3/12/40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39, I X19511

RECEIVED
District Health Officer No. 11,
District File Number 440-499
Date Filed APR 10 1940

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~~ .....

#2194, Registered Apprentice No. .....,

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2194

P. O. Address Conquill 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, above space should be left blank.