

Registration District No. **885** Primary Registration District No. **6177** Registrar's No. **11**

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Rural Belleve
(c) Name of hospital or institution: at farm home
(d) Length of stay: In hospital or institution 2
In this community 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington
(c) City or town Rural
(d) Street No. at farm home
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Daniel E. Safret
3. (c) Social Security No. # _____
3. (b) If veteran, name war # _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 31 year 1940 hour 9 minute 00 P. M.
21. I hereby certify that I attended the deceased from 1-17, 1940, to 10-31, 1940
that I last saw him alive on 10-9, 1940
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. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 15, 1862
(Month) (Day) (Year)

Immediate cause of death cardiac
Due to _____
Due to _____
Other conditions at home
(Include pregnancy within 3 months of death)

8. AGE: Years 78 Months 5 Days 16 If less than one day _____ hr. _____ min.

Major findings: Of operations _____
Of autopsy no
Underline the cause to which death should be charged statistically.

9. Birthplace Penn.
(City, town, or county) (State or foreign country)
10. Usual occupation retired farmer

11. Industry or business 9
12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Polly Cruise
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D.E. Safret
(b) Address Caledonia Mo.

17. (a) burial **(b) Date thereof** 11/2/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Caledonia Mo.

18. (c) Signature of funeral director Norman White & Sons
(b) Address Ironton Mo.

19. (a) 11-12-40 **(b)** Mrs. Ella White
(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? 810
(Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature J.P. Yeager (M. D. or other)
Address Ironton Mo. **Date signed** 11-9

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

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, above space should be left blank.