

No. 2
1-13-40
17-39
X23159

MAILED FEB 14 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2067 +

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 49

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town _____
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Robert Savage
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race Red 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lee Anna 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 29 - 1904
(Month) (Day) (Year)

8. AGE: Years 36 Months 3 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Kingston N.C.
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Laborer

11. Industry or business _____

12. Name Wm. Sawyer

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

14. Maiden name _____

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

16. (a) Informant Mrs. Robert Savage

(b) Address Risco, Mo.

17. (a) _____ (b) Date thereof 1-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation A.C. Knight

18. (a) Signature of funeral director _____
(b) Address Paris, Mo.

19. (a) 1-21-41 (b) Jim Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County New Madrid
(c) City or town Risco Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/25 day _____ year 1940 hour 7 minute 40 a. M.

21. I hereby certify that I attended the deceased from 1/24, 1941, to 1/25, 1941;
that I last saw him alive on 1/24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
FR. TIBIA + FIBULA
FR. FEMUR
FR. RIBS

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Steak 170' 21

Major findings:
Of operations NO

Of autopsy NO

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 1-24-41

(c) Where did injury occur? Risco Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
2 Highway struck by
While at work? _____ (Specify type of place) (e) Means of injury Auto

23. Signature A. Smith (M. D. or other) _____
Address Cape Girardeau Date signed 1/25/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16
11
4

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.