

FILED JUN 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 18724Registration District No. 692Primary Registration District No. 4414

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Platte
 (b) City or town Dearborn, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NO
(Specify whether years, months or days)
 In this community 22 years

8. (a) PRINT FULL NAME William A. Sage3. (b) If veteran, name war No 3. (c) Social Security No. NO4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Caroline Sage 6. (c) Age of husband or wife if alive 78 years7. Birth date of deceased Mch. 24th. 1862
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
79 1 11 hr. min.9. Birthplace Iowa
(City, town, or county) (State or foreign country)10. Usual occupation Retired Carpenter11. Industry or business None12. Name William Sage13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown Unknown15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Caroline Sage(b) Address Dearborn, Missouri17. (a) Burial (b) Date thereof 5/6-1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Old Frame Cemetery18. (a) Signature of funeral director Jessie Davis(b) Address Dearborn, Missouri19. (a) May 5th. 41 (b) M. A. Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83
 (c) City or town Dearborn, Missouri 0
(If outside city or town limits, write "RURAL")
 (d) Street No. None 0
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th.
year 1941 hour 30 minute 15 A. M.21. I hereby certify that I attended the deceased from April 30
1941 to May 15 1941;
that I last saw him alive on May 11 1941
and that death occurred on the date and hour stated above.Immediate cause of death Myocarditis 3 hrs
HemiplegiaDue to HemiplegiaDue to g. h.Other conditions
(Include pregnancy within 3 months of death)Major findings: NoneOf operations NoneOf autopsy NO

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) NO(b) Date of occurrence None(c) Where did injury occur? None(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None3 While at work? NO (Specify type of place) (e) Means of injury None23. Signature M. A. Moore (M. D. or other) 0Address Dearborn, Mo Date signed May 6/41

(Licensed Embalmer's Statement on Reverse Side)

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

No. 2
11-10-39
-17-39
I X214923
0
0

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 Rebecca Davis

Licensed Embalmer No. 4160

P. O. Address Seabrook, 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.