

No. 2  
13-40  
17-39  
X23159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19300

Registration District No. 508

Primary Registration District No. 4538

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Potosi MO  
(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 \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wash 110

(c) City or town Potosi (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.? 0 years.

3. (a) PRINT FULL NAME James J Sadat

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1941 hour 1 minute \_\_\_\_\_ M.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: June 18 95  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from as \_\_\_\_\_, 19\_\_\_\_; that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

5 10 19 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Potosi Mo  
(City, town, or county) (State or foreign country)

Immediate cause of death Fracture and Dislocation of the Atlas Vertebrae

Due to Auto Accident

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Ernest Sadat

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

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

14. Maiden name Margit Masorny

15. Birthplace Jell 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Sadat

(b) Address Salisbury Mo

17. (a) Burial (b) Date thereof May 15 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi

18. (a) Signature of funeral director Marko 908

(b) Address Potosi Mo

19. (a) May 20 41 (b) J.F. Presnner  
(Date received from registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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) Accident

(b) Date of occurrence May 13, 1941

(c) Where did injury occur? Caledonia Washington Missouri  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 51

While at work? \_\_\_\_\_ (e) Means of injury Auto

23. Signature D.M. Wainwright (Date or other) 2

Address Salisbury Mo Date signed 5/14/41

17906  
A8

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**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.**

Registration District No. 808

Primary Registration District No. 4539

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Pataskia, Mo  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Jamies L. Gadat

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ year

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years 5 Months 10 Days 13 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_ (State or foreign country)

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

20. DATE OF DEATH: Month May day 13 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Structure and Dislocation of the Atlas vertebrae  
Due to auto accident Bath car traveling north The offending Ford Pickup <sup>front passenger (RT)</sup> caught  
Due to the victim's Plymouth Ford 1st h.w. car <sup>losing</sup> causing the latter to ditch.  
Other conditions The Ford did not cut in  
(Include pregnancy within 3 months of death)  
but did not allow enough space

Major findings:  
Of operations see passing  
Approximate Speeds 30 & 45  
Of autopsy \_\_\_\_\_

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

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

(b) Date of occurrence May 13 1941

(c) Where did injury occur? Colocheia Wash Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway 21 State  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury auto

23. Signature D. M. Davidson (M.D. or other)

Address Belgrade Mo Date signed 6/2/41

SUPPLEMENTARY

1700  
22

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

1st grade, mo.

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

19300