. No. 2
—1-4-41
5-17-39
>1 X28330

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25819

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 289

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1920 South Summitt /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community lieftime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1920 South Summitt
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Milo Savage
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary J. Savage
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May 20, 1866 (Month) (Day) (Year)
8. AGE: Years 75 Months 2 Days 8 If less than one day ..... hr. ..... min.
9. Birthplace Pettis County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Retired
12. FATHER Name Joseph Savage
13. FATHER Birthplace Ohio (City, town, or county) (State or foreign country)
14. MOTHER Maiden name unknown
15. MOTHER Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Harvey R. Savage (son)
(b) Address 2501 South Grand, Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director [illegible]
(b) Address Sedalia, Missouri
19. (a) 7-28-41 (Date received local registrar) (b) Mrs Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1941 hour 3:00 minute? A.M.
21. I hereby certify that I attended the deceased from July 28 1941 to ..... 19..; that I last saw h alive on ..... 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
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? — (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 N. T. Bishop Coroner (M. D. or other)
Address 4 Bowler Date signed 7-28-41

106 (Licensed Embalmer's Statement on Reverse Side)

Dr. Bishop

RECEIVED
District Health Officer No. 8,
District File Number 8-6-41
Date Filed

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 Duane Ewing

Licensed Embalmer No. 38-47

P. O. Address Sedalia 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, fact should be so stated above.