

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 21 1943

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 194

108
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Winn Nevada
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 529 Ft. Humboldt
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jerman
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 529 Ft. Humboldt
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Priscilla Sagerty

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Sept 29 1958
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace unknown 19 _____
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name unknown Kings

13. Birthplace unknown 19 _____
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 19 _____
(City, town, or county) (State or foreign country)

16. (a) Informant John Francis

(b) Address 606 W 17th St Mex

17. (a) Burial (b) Date thereof Dec 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olive Branch

18. (a) Signature of funeral director Funeral Home

(b) Address Nevada, Missouri

19. (a) Dec. 26, 1942 (b) Elizabeth Beckenridge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1942 hour 6 minute 30 P.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: Probably Coronary Occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury Coroner

23. Signature C. Braxter, M.D. (M. D. or other) 3
Address Nevada, Mo Date signed 12-20-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JAN 25 1943

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1493

Date Filed 1-15-43

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed..... *J. P. Steen*

Licensed Embalmer No. 1760

P. O. Address Nevada, N.

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.