S. No. 2
I—9-4-41
5-17-39
FILED
79
2
6

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Vinyard&Lemmon 14348

State File No.

APR 28 1943

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 284

1. PLACE OF DEATH:

(a) County GRI

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community 1 Week
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 107

(a) State Missouri (b) County Texas 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 2 Cabool, Mo.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Marion Savage

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Florida Savage

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June (Month) 25 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 69	9	14	hr. min.

9. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Daniel Savage
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Elizabeth Hill
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Steve Savage

(b) Address Elk Creek, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Elk Creek

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-10-43 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1943 hour 6 minute p. M.

21. I hereby certify that I attended the deceased from 4-2, 1943 to 4-9, 1943
that I last saw him alive on 4-9, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumococcic Septicemia	1 week
Due to Prostatic Hypertrophy	10 yrs
Due to Mitral Regurgitation	10 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None 24 a	
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 0

23. Signature Ralph Vinyard (M. D. or other)

Address Springfield Mo Date signed 4-10-43

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, Ma

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.