

FILED JUN 14 1943

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

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Pattonsburg
(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 Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess

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

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Hattie Bell Savage

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept 2 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 18
If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Henry Elam

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

14. Maiden name Emma Atkisson

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

16. (a) Informant Mrs Agnes Lear

(b) Address Pattonsburg, Mo.

17. (a) Burial (b) Date thereof May 22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Best Chapel

18. (a) Signature of funeral director [Signature]

(b) Address Pattonsburg, Mo.

19. (a) 5-24-1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1943 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Sept 5-1942
1942 to May 20 1943
that I last saw her alive on May 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cancer of stomach

Due to

Other conditions H68
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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)

(c) Means of injury

23. Signature [Signature] (M. D. or other)

Address Pattonsburg Mo Date signed 5/21/43

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed *E. L. Garner*

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.