

FILED SEP 9 1943  
Registration District No. 104Primary Registration District No. 3038Registrar's No. 213

## 1. PLACE OF DEATH:

(a) County Linn  
 (b) City or town Brookfield  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: M. Kurney Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 31 days (Specify whether  
 years, months or days)

8. (a) PRINT FULL NAME FRANK SAGER3. (b) If veteran, name war no 3. (c) Social Security No. none4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed7. (b) Name of husband or wife Laura Sager 7. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased July-12-1867  
(Month) (Day) (Year)8. AGE: Years 76 Months 0 Days 19 If less than one day hr. \_\_\_\_\_ min.9. Birthplace Elton Iowa  
(City, town, or county) (State or foreign country)10. Usual occupation Well Digger

## 11. Industry or business

MOTHER FATHER  
 { 12. Name Gottlieb Sager  
 { 13. Birthplace Bermary  
 { 14. Maiden name Anna E. Schwalm  
 { 15. Birthplace Bermary  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Manda Moore(b) Address Brookfield Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-3-1943  
(Month) (Day) (Year)(c) Place: burial or cremation Rose Hill18. (a) Signature of funeral director Will Funeral Chapel(b) Address Brookfield Mo.19. (a) Aug-3-1943 (Date received local registrar) (b) W W Connor (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
 (c) City or town Brookfield  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 537 S. Main  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 1943 hour 6 minute 40 P M.21. I hereby certify that I attended the deceased from July 26, 1942 to Aug 1, 1943 that I last saw him alive on Aug 1, 1943 and that death occurred on the date and hour stated above.Immediate cause of death Suicidal Homicide Duration 5 daDue to Intoxication - ChloroformDue to Hypertension 2 yrs.Other conditions none  
(Include pregnancy within 3 months of death)Major findings: Of operations 0 3/4Of autopsy 0

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

(a) Accident, suicide, or homicide (specify) 0(b) Date of occurrence 0(c) Where did injury occur? 0  
(City or town) (County) (State)

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

While at work? 0 (Specify type of place) (a) Means of injury 023. Signature Jan W. King (M. D. or other)Address Brookfield, Mo. Date signed Aug 3 1943

**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 *J. H. Blacklock*.....

Licensed Embalmer No. *2276*

P. O. Address *Brookfield, 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, above space should be left blank.**