

ED OCT 13 1943

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. **535**

1. PLACE OF DEATH:

(a) County **Jasper**
 (b) City or town **Joplin**
 (c) Name of hospital or institution: **Treasure Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 days**
 In this community **Life** years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
 (c) City or town **Joplin Mo**
 (d) Street No. **R.F.D.**
 (e) If foreign born, how long in U. S. A. **1** years

3. (a) PRINT FULL NAME

Betty Anne Sage

3. (b) If veteran, name war

No

3. (c) Social Security No.

70

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Infant**

6. (c) Age of husband or wife If alive **13** years

7. Birth date of deceased **July 13 1943**

8. AGE:

Years	Months	Days	If less than one day
	2	6	hr. min.

9. Birthplace

Joplin Mo

10. Usual occupation

Infant

11. Industry or business

at home

12. Name **Marshall D. Sage**

13. Birthplace **Kansas City Mo**

14. Maiden name **Leta F. Lance**

15. Birthplace **Weatherford Okla**

16. (a) Informant's own signature **Elizabeth Allison**

(b) Address **Galena, Kan.**

17. (a) **Removal** (b) Date thereof **9/19-43**

(c) Place: burial or cremation **Galena Kan.**

18. (a) Signature of funeral director **Frank Allison**

(b) Address **Galena, Kan.**

19. (a) **9-20-43** (b) **Gertrude Sudhalter**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **19**
 year **1943** hour **6** minute **45**

21. I hereby certify that I attended the deceased from **Sept 16**
1943 to **Sept 19** **1943**
 that I last saw her alive on **Sept 18** **1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Encephalitis**

Due to **83C**

Other conditions (Include pregnancy within 8 months of death)

Major findings: **None**
 Of operations
 Of autopsy **Encephalitis**

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?
 (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

23. Signature **W. A. Coover** (M. D. or other)
 Address **Joplin, Mo** Date signed **Sept 19 1943**

Duration
 Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

43-9-813

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.....
Removed to Galeus Kan. Registered Apprentice No.....
working under my personal supervision. No Emb. before removal.

Signed Frank Allison
Kan. Licensed Embalmer No. 1321
P. O. Address Galeus Kan

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.