

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2332

FILED JAN 31 1943
Registration District No. 1744

Primary Registration District No. 5766

Registrar's No. 403

14
0
0

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

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 (Specify whether
In this community Life years, months or days) (Specify whether

3. (a) PRINT FULL NAME John Remuel Satterfield
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 24th 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Samuel R. Satterfield

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

14. Maiden name Elizabeth La Rue

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

16. (a) Informant Charley Satterfield
(b) Address Aix vada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 5th 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Concord Cemetery

18. (a) Signature of funeral director Hughes Manpower
(b) Address Aux vada, Mo.

19. (a) Dec 5 1943 (Date received local registrar) (b) Joak Morankhoff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3rd year 1943 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from _____ 1926 to _____ 1943
that I last saw him alive on Dec. 2 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema of the stomach Duration 3 years

Due to _____
Due to 46 f

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

Major findings: Of operations _____
Of autopsy no

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) (e) Means of injury _____

23. Signature E. H. Tanner (M. D. or other) _____
Address 416 N. Willow, Columbia, Mo. Date signed Dec 7 1943

9141

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 *Hughes Manfries*

Licensed Embalmer No. *2358*

P. O. Address *Aurora, 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.