S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27783

State File No. _____

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 654

1. PLACE OF DEATH:

(a) County: Greene

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

(c) Name of hospital or institution: Sptd. Baptist Hosp. (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DEASCEASED: Webster

(a) State: Missouri (b) County: ~~Douglas~~

(c) City or town: Rural 113 (If outside city or town limits, write "RURAL")

(d) Street No.: 10 Mi South West of Seymour (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____ /

3. (a) PRINT FULL NAME: Girtie May Sagerser

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: R P Sagerser

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: July (Month) 1, (Day) 1898 (Year)

8. AGE: Years 46 Months 1 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace: Douglas Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: House wife

11. Industry or business _____

MOTHER FATHER

12. Name: James H Swearingin

13. Birthplace: Douglas Co. Mo. 0 (City, town, or county) (State or foreign country)

14. Maiden name: Martha Hays

15. Birthplace: Unk. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: P P Sagerser

(b) Address: Seymour, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 12-44 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~: Union Chapel

18. (a) Signature of funeral director: Kelley - Fersell

(b) Address: Seymour Mo.

19. (a) 8-15-44 (Date received local registrar) (b) E. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1944 hour 3:00 minute P.M.

21. I hereby certify that I attended the deceased from July 26, 1944, to Aug 9, 1944, that I last saw her alive on Aug 9, 1944, and that death occurred at the date and hour stated above.

Immediate cause of death	Duration
Myocardial insufficiency	
Due to: Old Ophthalmic goiter	
Due to: 1233	
Other conditions (Include pregnancy within 3 months of death)	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings: Of operation: Goiter

Of autopsy: Recidivists of Exophthalmic goiter

N.M.O.

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 _____

23. Signature: James E Roy (M. D. or other)

Address: Springfield Mo Date signed: Aug 12, 1944

(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 K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour 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.