

FILED DEC 11 1944

Registration District No. 1348

Primary Registration District No. 2012 4369

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Seneca
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community his whole life time years, months or days)

3. (a) PRINT FULL NAME Chas. C. Saff

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 married

6. (b) Name of husband or wife Irene Saff 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 27 - 1883
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Merchant.

11. Industry or business

MOTHER FATHER
12. Name John Saff
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Heidrich
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Saff

(b) Address Seneca, Mo.

17. (a) Burial (b) Date thereof. 12-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca Mo.

18. (a) Signature of funeral director B. W. Ruggars

(b) Address Seneca Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 13
(c) City or town Seneca 4
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1944 hour 1 PM. minute _____ M.

21. I hereby certify that I attended the deceased from Nov 1 - Nov 29, 1944
that I last saw him alive on Nov 25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis - Heart Block
Due to _____

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 D. B. Assembly (M. D. or other) _____

Address Seneca Mo. Date signed 12-5-44

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

RECEIVED DEC 7 1944
District Health Officer No. 1144-236
District File Number 1144-236
Date Filed DEC 7 1944

DEC 22 1944

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 B. W. Buzzard
Licensed Embalmer No. 2334
P. O. Address Seneca, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 248

Primary Registration District No. 4369

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Seneca
(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 _____ (Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Chas C. Saff

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 27
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Dec. 5-44 (b) Nettie Norris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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 Nov Day 9 Year 1944 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

38432