

FILED JAN 14 1946

Registration District No. 128

Primary Registration District No. J000

1. PLACE OF DEATH:

(a) County **Geene**
(b) City or town **Springfield Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
~~Nursing home~~ **515 N. Nettleton**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **One Month**
In this community **45 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene 39**
(c) City or town **Republic Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route #2**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes/ or No)
If yes, name country

3. (a) PRINT FULL NAME **John Oliver Satterlee**

3. (b) If veteran, name war **--UNK--** 3. (c) Social Security No. **UNK.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **UNK.** 6. (c) Age of husband or wife if alive **One** years
7. Birth date of deceased **Feb. 22, 1859**
(Month) (Day) (Year)

8. AGE: Years **86** Months **09** Days **19** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business **Farm**

MOTHER FATHER { 12. Name **Dont know**
13. Birthplace **UNK.** **UNK. 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Dont Know**
15. Birthplace **UNK.** **UNK. 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy J Satterlee**
(b) Address **Route 9, Borley, Tulsa, Okla.**
17. (a) **Burial** (b) Date thereof **12-12-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lindsey chapel cemt.**

18. (a) Signature of funeral director **R. E. Thurman**
(b) Address **Republic Mo.**

19. (a) **Dec-11-1945** (b) **B. W. Handy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **9**
year **1945** hour **7 PM** minute **--** M.

21. I hereby certify that I attended the deceased from **Jan 1-**
1945, to **Dec 7**, 1945
that I last saw him alive on **Dec 4**, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration
Due to **Arterio Sclerosis**
Senility
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **940**
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) **no**
(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. L. Bial MD** (M. D. or other)
Address **Republic Mo.** Date signed **12/11/45**

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

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..... *R E Hummer*

Licensed Embalmer No. *503*

P. O. Address *Republic 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.

x