

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. **19439**  
Registrar's No. **55**

**FILED JUN 20 1946**

Registration District No. **27** Primary Registration District No. **4033**

1. PLACE OF DEATH:

(a) County **Bates**  
(b) City or town **Amoret**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **entire life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Bates**  
(c) City or town **Amoret**  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME **Patience C. Sacre**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **James Sacre** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Nov 25 1869**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **6** Days **8** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Bates Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **house-wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Henry Brayton**  
13. Birthplace **N.Y.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Hannah Louk**  
15. Birthplace **N.Y.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ester Norman**  
(b) Address **Amoret Missouri**  
17. (a) **Burial** (b) Date thereof **6-5-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jackson**  
18. (a) Signature of funeral director **Archer & Mangold**  
**Amsterdam Mo.**  
(b) Address  
19. (a) **6-5-46** (b) **Kendall Percy**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3**  
year **1946** hour **6** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **August 13, 1943** to **June 3, 1946**, 19\_\_\_\_;  
that I last saw her alive on **May 29, 1946**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Insufficiency**

Due to **Myocardial Degeneration** 8 mo.

Due to **Chronic Glomerulonephritis** 3 yrs.

Other conditions **Arterio Sclerosis** 10 yrs.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **131K**  
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) (c) Means of injury **2**  
23. Signature **W. H. Schuster** **REGISTERED D.O.**  
Address **Amoret, Missouri** Date signed **6-5-46**

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

18313

RECEIVED

Director of Health Officer No. 7,

Division of Health Officer No. 5-46-622

Date Filed 6-19-46

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, R. K.

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed L. R. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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.