

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED SEP 3 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 959

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Leon Rest Home 624 Prospect 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 1/2 years
(Specify whether years, months or days)

In this community 4 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

(c) City or town Westboro
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ada Gipson Sauceman

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

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

6. (b) Name of husband or wife W. I. Sauceman 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased January 9, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>7</u>	<u>16</u>	hr. min.

9. Birthplace Atchison County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Isaac Gipson

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

14. Maiden name Rachael Turner

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

16. (a) Informant W. I. Sauceman

(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof Aug. 27, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Cemetery Tarkio, Mo.

18. (a) Signature of funeral director _____
(b) Address Maryville, Missouri

19. (a) AUG. 26, 1946 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1946 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from May 1, 1946 to Aug 25, 1946.
that I last saw her alive on Aug. 24, 1946.
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion 3 da.
chronic myocarditis 10 yrs.
senile dementia 1 yrs.

Due to _____

Due to _____

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

Major findings: 93D
Of operations _____
Of autopsy _____

Duration
3 da.
10 yrs.
1 yrs.
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)

23. Signature W. J. Sauceman (M. D. or other) _____
Address Missouri Date signed 8/26/46

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, or by.....

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

Signed..... *W. L. Gee*

Licensed Embalmer No..... *2539*

P. O. Address..... *Maryville, 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.