

S. No. 2
M-5-43
v. 5-17-39
I X36871

33052

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 6 1946

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Pittsburg
(c) City or town Haywood
(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 Lawrence Edward Sage

3. (b) If veteran, World War II name war
3. (c) Social Security Yes No not available

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Gracie Sage
6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Dec. 3, 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 10 13 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Odd jobs

12. Name Charles Sage

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

14. Maiden name Lila Roberts

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

16. (a) Informant Hospital records, Veterans Administration hospital
(b) Address Excelsior Springs, Mo.

17. (a) Removal (b) Date thereof 10-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Modesto, California

18. (a) Signature of funeral director Virgil Hope
(b) Address Excelsior Springs, Mo.

19. (a) 10/22/46 (b) Caroline Hutchins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1946 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from 14-46, 1946, to 10-16, 1946
that I last saw him alive on 10-16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, chronic, fat advanced, active
Duration unknown

Due to

Due to

Other conditions 13 B
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No autopsy performed
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 [Signature] (M. D. or other) M. D.

Address Veterans Administration Hospital, Excelsior Springs, Mo. Date signed 10-18-46

(Licensed Embalmer's Statement on Reverse Side)

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

31800

62

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed 11-2-46

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 _____

Joe A. Moles

Licensed Embalmer No. 3296

P. O. Address Exp Springs 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.