

1. PLACE OF DEATH:

(a) County GASCONADE

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

(c) Name of hospital or institution:
OWENSVILLE MO. ROUTE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 23 YEARS

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

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

(d) Street No. OWENSVILLE ROUTE
(If rural, give location)

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

3. (a) PRINT FULL NAME CHARLES PETER SAGEZ

(b) If veteran, name war NONE

(c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 4
year 1947 hour 12 minute P.M.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SARAH SAGEZ

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased MAY 24 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from MAR 3, 1947 to MAR 3, 1947
that I last saw him alive on MAR 3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

8. AGE: Years 78 Months 9 Days 10 DAYS hr. _____ min. _____
(If less than one day)

Due to Paralysis Agitans

Due to _____

9. Birthplace DEER PLAIN ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name PETER SAGEZ

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

14. Maiden name CATHERINE TEASDALE

15. Birthplace DEER PLAIN ILLINOIS
(City, town, or county) (State or foreign country)

PHYSICIAN gpc

Underline the cause to which death should be charged statistically.

16. (a) Informant SARAH SAGEZ

(b) Address OWENSVILLE MO

17. (a) BURIAL (b) Date thereof MARCH 7 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OWENSVILLE CITY CEM.

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? _____

18. (a) Signature of funeral director Michael N. Winter

(b) Address OWENSVILLE MO.

19. (a) 3/7/47 (b) Dorothy Hackman
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 2

23. Signature S. H. Bradley (M. D. or other) DO.
Address Owensville, Mo. Date signed 3-6-47

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3/10/47

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

Signed Milford N. Winder
Licensed Embalmer No. 3838
P. O. Address Owensville 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.