

FILED JUN 6 1947

State File No. \_\_\_\_\_

Registration District No. 101

Primary Registration District No. 5403

Registrar's No. 23

1. PLACE OF DEATH:

(a) County... Douglas  
(b) City or town... Clinton  
(c) Name of hospital or institution: on H.H. Highway  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 47 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. (b) County... Douglas  
(c) City or town... Rural on H.H. Family Market Road  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES SAITENBERGER

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

4. Sex m. Color or race W. 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 13 1863  
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

12. Name unknown 7

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

14. Maiden name unknown

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

16. (a) Informant Elmer Brown  
(b) Address South Star Cabool

17. (a) Burial (b) Date thereof May 3 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fair View Cemetery

18. (a) Signature of funeral director Gaylord D. Elliott  
(b) Address Cabool Mo

19. (a) May 7-47 (b) Wesley Bushman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1947 hour 4:5 minute \_\_\_\_\_ P.M.  
21. I hereby certify that I attended the deceased from 3/21  
1947 to 4/20 1947.  
that I last saw him alive on 3/21 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease?

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 95  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) \_\_\_\_\_

(d) Date of occurrence \_\_\_\_\_

(e) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(f) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(g) While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury S

23. Signature R.A. Ryan (M. D. or other) \_\_\_\_\_  
Address Wm Brown Mo Date signed 5/2/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 61

District File Number 647-602

Date Filed JUN 4 1947

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 *Gaylord Elliott*

Licensed Embalmer No. 2252

P. O. Address *Cabot*

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.