S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37907

Registration District No. 737 Primary Registration District No. 5508 Registrar's No. 253

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural Deepwater
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 miles north of Appleton City Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 66 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

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

(d) Street No. 4 mi north Appleton City Mo
(If rural, give location)

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

3. (a) PRINT FULL NAME Roy Saddler

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased JUNE (Month) 6 (Day) 1881 (Year)

8. AGE: Years 66 Months 5 Days 22 If less than one day hr. 1 min.

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

10. Usual occupation Farming

11. Industry or business U

FATHER
12. Name John Sadler
13. Birthplace (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Tenrill
15. Birthplace (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Paul Sadler
(b) Address Appleton City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 30 47 (Month) (Day) (Year)
(c) Place: burial or cremation Appleton City Mo

18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo

19. (a) 12-1-47 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
year 1947 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from
, 19 , to Nov 28 1947;
that I last saw him alive on Nov 28 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94	
Of autopsy	

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)
While at work? (e) Means of injury 0

23. Signature W H Elliott (M. D. or other) MD
Address Appleton City Mo Date signed 29 Nov 47

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 12-11-47

District Health Officer No. 7,

11-47-1419

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 ~~June 28 1947~~, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Apperton City 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.