

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 113285

FILED MAY 10 1948

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Linnigton
 (b) City or town Chillicothe
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Chillicothe Hosp. 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether
 In this community 28 yrs years, months or days)

3: (a) PRINT FULL NAME Agatha Elizabeth Saale

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 Daniel P. Saale 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased October 17 1898
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 8 ✓ hr. ✓ min.

9. Birthplace Brunswick Mo. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business ✓

12. Name of Benjamin Saale 4
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Victoria Kellger 18
 15. Birthplace Switzerland
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alan Saale
 (b) Address Chillicothe, Mo.
 17. (a) Burial (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director Donald F. Gordon
 (b) Address Chillicothe, Mo.

19. April - 28 - 48 (b) Frances B. Neill
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linnigton 59
 (c) City or town Chillicothe 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. 448 Washington 2
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
 year 1948 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan. 1
 1947 to Apr. 25, 1948
 that I last saw h. et alive on Apr. 25, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage, cerebral Duration 9 hrs.
Paralysis R. Side
 Due to Hypertension - Moderate 10 yrs
Stiffness

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83 W
 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? ✓ Means of injury 0
 23. Signature Joseph Conrad (M. D. or other) M. D.
 Address Chillicothe, Mo. Date signed Apr. 28 - 48

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Ronald F. Gordon

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.