

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

REVISED 1-1-1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15866
Registrar's No. 27

FILED JUN 15 1948

Registration District No. 91 Primary Registration District No. 4170

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Union Star, Mo
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County DeKalb 32
(c) City or town Union Star, Mo (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME Vivora Luinda Savate
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 23 year 1948 hour 8 minute _____ P.M.
21. I hereby certify that I attended the deceased from June 1 1948 to May 23 1948.
that I last saw her alive on May 23 1948.
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George M. Savate 6. (c) Age of husband or wife if alive 89 years
7. Birth date of deceased Aug 24 1863 (Month) (Day) (Year)

Immediate cause of death Cancer bowels Duration 1 yr

8. AGE: Years 84 Months 8 Days 29 If less than one day hr. _____ min. _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy HE

9. Birthplace Darlington Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name James Redding
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
14. Maiden name Luinda Phelps
15. Birthplace North Carolina (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Edgar Savate
(b) Address Union Star, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Union Star, Mo
18. (a) Signature of funeral director Luis M. Wilson
(b) Address Kings City, Mo
19. (a) May 24 1948 (Date received local registrar) (b) J. D. Daniels (Registrar's signature)

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? _____
While at work? (Specify type of place) _____ (e) Means of injury _____
28. Signature E. M. Reynolds (M. D. or other) _____
Address Union Star, Mo Date signed _____

U.S. DEPT. OF HEALTH
CANNON, 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..... *Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address *King 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, above space should be left blank.