

FILED AUG 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24998

Registration District No. 286

Primary Registration District No. 286-454048 Registrar's No. 54-0413

35
00

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Halecomb, Mo. (Rural)
(c) Name of hospital or institution:

(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 1 years, months or days) (Specify whether

3. (a) PRINT FULL NAME Samuel Edward Bage

3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

4. Sex M. O 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Iris Bage 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 11 - 1868 (Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Banker

11. Industry or business Bank

12. Name Samuel Bage 4

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

14. Maiden name Kate Washburn

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

16. (a) Informant Son, John Bage

(b) Address Campbell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 - 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield Cemetery

18. (a) Signature of funeral director [Signature] (b) Address Campbell, Mo.

19. (a) Aug 10, 1941 (Date of local registrar) (b) [Signature] (Registrar's signature)

259 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin³⁵
(c) City or town Halecomb, (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1941 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 20 1941 to July 24 1941 that I last saw him alive on July 24 and that death occurred on the date and hour stated above.

Immediate cause of death Natural Fever Cerebral Duration 1 1/2

Due to (malicious) Strychnine

Due to Diabetes (Sugar)

Other conditions Diabetes (Sugar) (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

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

23. Signature [Signature] (M. D. or other) O

Address Halecomb Date signed _____

Mo

RECEIVED

District Health Office No. 2,

District File Number 811-1142

Date Filed 8-20-41

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.