MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38329
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson | Registration District No. 399
(b) Township Kansas | Primary Registration District No. 1007 | Registered No. 4563
(c) City K. C. Mo (d) Street No. General Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 4 mos yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Geraldine Sallee
(a) Residence, No. 911 Agnes St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1935
7. AGE Years 3 Months 0 Days 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
13. NAME Frank Sallee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Addie Sallee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Frank Sallee
(ADDRESS) 911 Agnes

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairlawn DATE Nov 23, 1938

19. FUNERAL DIRECTOR (NAME) Rose & Henderson
(ADDRESS) K. C. Mo

20. FILED Nov 23, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., 19..... I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:12 P. m.
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

	Date of onset
10-20-30 burns of body & arms	18 1 35

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-21-38
Where did injury occur? K C Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Burned by treat fire
Nature of injury in resp. of 30 19 E 10th

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Arthur B. Fridley, M. D.
(Address) Gen Hosp, K. C. Mo.

Licensed Embalmer's Statement on Reverse Side)

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.

THIS CERTIFICATE WITH OTHERS MONTHLY IS A PERMANENT RECORD

X14028

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.....

Licensed Embalmer No.....

P. O. Address.....

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.