

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

REC'D JUL 11 1939

21555
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 3221 Mitchell 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 37 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 3221 Mitchell Ave St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles A. Salmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16th 1855

7. AGE YEARS 84 MONTHS 1 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Invalid
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Andrew County, Mo.

FATHER 13. NAME Chestine Mastray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Kentucky

MOTHER 15. MAIDEN NAME Phoebe Gray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Frank Gillette 3221 Mitchell St. Joseph, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Mt. Auburn DATE JUNE 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON INC 1946 Calhoun St. Joseph, Mo.

20. FILED June 8, 1939 W. J. Wetzel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 8th, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1939 to June 8, 1939
 I last saw her alive on June 8, 1939. Death is said to have occurred on the date stated above, at 8:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis
General Arteriosclerosis
Senility

Other contributory causes of importance:
General Arteriosclerosis
Senility

Name of operation None Date of
 What test confirmed diagnosis Microscopical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury....., 19...
 Where did injury occur? None
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Thomas W. Redmond, M. D.
 (Address) 328 Kirkpatrick Bldg. St. Joseph, 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 John E. Rupp
Licensed Embalmer No. 3986
P. O. Address St Joseph, 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.