

Registration District No. 163

Primary Registration District No. 5218

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural Box Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community All of life
years, months or days) 45

8. (a) PRINT FULL NAME Marvin Sylvester Sallee

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased Mar 20, 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 9 5 hr. min.

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

10. Usual occupation School boy

11. Industry or business _____

12. Name E. E. Sallee

13. Birthplace Cedar County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Bertna Caldwell

15. Birthplace Cedar County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. E. Sallee
(b) Address El Dorado Springs, Mo.

17. (a) Mound (b) Date thereof 12/26/1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound West Stockton

18. (a) Signature of funeral director H. C. Dawson

(b) Address Stockton 154

19. (a) 1-2-40 (b) J. L. Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Stockton
(If outside city or town limits, write "RURAL")
(d) Street No. Rural West of Stockton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1939 hour 3 minute 00 M.

21. I hereby certify that I attended the deceased from Dec 2, 1939 to Dec 24, 1939
that I last saw him alive on Dec 24, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Pneumonia
Pulmonary edema

Due to The above

Due to _____

Other conditions (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) (a) _____ (b) _____

28. Signature James K. Stobert (M. D. or other) MD

Address Stockton Date signed _____

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.

Mt
Embalmer

RECEIVED

District Health Officer No. 7.
District File Number 1-40-33
Date Filed 1-8-40

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.