JUL 15 1940

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

21827
Do not use this space.

1. PLACE OF DEATH
(a) County Harrison 2 Registration District No. 339
(b) Township Trail Creek 0 Primary Registration District No. 3475 Registered No. 3
(c) City ..... (d) Street No. ..... 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 400 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Anderson Sallee
(a) Residence, No. Harrison Co Mo Rural 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: Male
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/ 2 1857.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	9	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Mercer Co. 0
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Joseph Sallee 1
14. BIRTHPLACE (CITY OR TOWN) 0
(STATE OR COUNTRY) Kentuckey

MOTHER
15. MAIDEN NAME Jemmima Thompson
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

17. INFORMANT Oma Wooderson
(ADDRESS) Ridgeway Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sharon Cem. DATE 5/26-40

19. FUNERAL DIRECTOR J. M. Chambers
(ADDRESS) Mt. Moriah Mo

20. FILED 5/26 1940 Mrs C. F. Sellers
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/23/~~1940~~, 19

22. I HEREBY CERTIFY, That I attended deceased from May 8th, 1940, to May 23rd, 1940
I last saw him alive on May 22nd, 1940 Death is said to have occurred on the date stated above, at 2 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/19/40

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? ..... Date of injury ....., 19
Where did injury occur? ..... (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?
If so, specify
(Signed) C. J. Sellers M. D.
(Address) Mt. Moriah Mo.

30F

(Licensed Embalmer's Statement on Reverse Side)

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

WHITE PAPER, WITH GUARDING IMPRINTS IS A PERMANENT RECORD

I X12004

RECEIVED
District Health Officer No. 11
District File Number 740-1181
Date Filed JUL 11 1940

STATEMENT BY LICENSED EMBALMER

I, [illegible], Licensed Embalmer No. 2809

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2,09

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.)