

Registration District No. 34

Primary Registration District No. 6239

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Exeter (Rural) Exeter Tp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence, R.F. D. 1, Exeter
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 64 yrs., 7 mo. 10 days

3. (a) PRINT FULL NAME Walter Tennant Sallee

3. (b) If veteran, name war -----

3. (c) Social Security No. 222

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Francis Sallee

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

7. Birth date of deceased Dec. 1 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>7</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Jasper Sallee

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

14. Maiden name Stephens

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

16. (a) Informant Mrs. Ralph Sandusky

(b) Address R. F. D. 1, Exeter, Mo.

17. (a) Burial (b) Date thereof 7/12/'40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cemetery

18. (a) Signature of funeral director Koon Funeral Home

(b) Address Cassville, Missouri

19. (a) July 12-40 (b) Mrs. H. P. Bearey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Exeter (Rural)
(If outside city or town limits write "RURAL")

(d) Street No. North West of Exeter
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1940 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from July 4 1940 to July 8 1940
that last saw him alive on July 8 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to High Blood Pressure

Due to _____

Other conditions gfw
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature Gene T. Salzer (M. D. or other) _____

Address Cassville Mo Date signed 7/12/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 840-2435

Date Filed AUG 08 1948

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 Rufus J. Miller

Licensed Embalmer No. 3794

P. O. Address Cassville, 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.