

SEP 19 1940

Registration District No. 334Primary Registration District No. 4197Registrar's No. 56

1. PLACE OF DEATH:

(a) County HARRISON
 (b) City or town BETHANY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BETHANY HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 DAYS (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME THOMAS JEFFERSON SALMON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWER6. (b) Name of husband or wife FANNIE 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased 12 8 1868
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 7 23 hr. min.9. Birthplace HARRISON Co., Mo.
(City, town, or county) (State or foreign country)10. Usual occupation FARMER

11. Industry or business _____

12. Name JACOB SALMON13. Birthplace OHIO
(City, town, or county) (State or foreign country)14. Maiden name MARY DANIEL15. Birthplace DO NOT KNOW
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Lige Blessing(b) Address Bethany, Mo.17. (a) BURIAL (b) Date thereof 8/2/1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation NEW HOPE CEMETERY18. (a) Signature of funeral director L. M. Hass(b) Address Bethany, Mo.19. (a) 8-9-40 (b) A. P. Weening
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON
 (c) City or town BETHANY
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 31
year 1940 hour 4 minute 00 P. M.21. I hereby certify that I attended the deceased from July 26, 1940
_____, 1940, to July 31, 1940;
that I last saw him alive on July 31, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Uremia Duration 3 daysDue to Chronic Nephritis 5 yrsDue to Arteriosclerosis 57 yrsOther 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? _____

300 _____
While at work? _____ (Specify type of place)
(a) Means of injury _____23. Signature A. P. Weening, M.D. (M. D. or other) _____Address Bethany, Mo. Date signed 8-3-40

RECEIVED

District Health Officer No. 11,
District File Number

740-1344
SEP. 9 1944

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. 2861

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.