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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28841

Registration District No. 413 Primary Registration District No. 5559.C. Registrar's No. 46

1. PLACE OF DEATH:

(a) County Jasper Mineral T.

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

(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 63 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

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

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

3. (a) PRINT FULL NAME Wiley Thomas Sallee

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 2 (Day) 1850 (Year)

8. AGE: Years 90 Months - Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Benton Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name George Sallee
13. Birthplace Washington Co. (City, town, or county) Mo. (State or foreign country)
14. Maiden name Susannah Hudgens
15. Birthplace Washington Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Law Flora Smith
(b) Address Oronogo, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/20/40 (Month) (Day) (Year)
(c) Place: burial or cremation Oronogo Cem

18. (a) Signature of funeral director Hedgel Nelson
(b) Address Webb City Mo.

19. (a) AUG 20 40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th year 1940 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from March 10-1940 Aug 17, 1940, to Aug 17, 1940, that I last saw him alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrage	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

377

23. Signature W. G. Hogan (M. D. or other)
Address Neck City Mo. Date signed 8-20-40

(Licensed Embalmer's Statement on Reverse Side)

40-9-545

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 C. W. Hedge, Registered Apprentice No. ..... working under my personal supervision.

Signed C. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Wells City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.