

DEC 11 1940  
Registration District No. 809

Primary Registration District No. 6054

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Scotland  
(a) County. Rural Harmon Twp.  
(b) City or town. \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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 his life  
years, months or days) 2

3. (a) PRINT FULL NAME. Jonathan William Sallee  
3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife. Dollie Sallee 6. (c) Age of husband or wife if alive. 68 years

7. Birth date of deceased. June 24 1869  
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation. Farmer

11. Industry or business \_\_\_\_\_

12. Name. W.H. Sallee

13. Birthplace. Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name. Elizabeth Longfellow

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

16. (a) Informant. Mrs J. H. Sallee

(b) Address. Gorin, Mo.

17. (a) Burial (b) Date thereof. Nov 24 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Harmony Mo.

18. (e) Signature of funeral director. Geo. H. Shacklett

(b) Address. Gorin Mo.

19. (a) Dec 5 1940 (b) Mrs R. J. Shacklett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Mo (b) County. Scotland  
(c) City or town. Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23  
year. 1940 hour 8 minute 0 a.m.

21. I hereby certify that I attended the deceased from June 1 1936 to Nov 23 1940

that I last saw him alive on Nov 23 1940 and that death occurred on the date and hour stated above.

Immediate cause of death. Interstitial Nephritis Duration 4 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. 121  
(Include pregnancy within 3 months of death)

Major findings: none

Of operations \_\_\_\_\_

Of autopsy. none

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 \_\_\_\_\_

23. Signature. F. M. Tolman (M. D. or other) \_\_\_\_\_

Address. Gorin Mo Date signed 11-5-40

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 10

District File Number 12-40-2192

Date Filed DEC 17 1940

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.....

*Geo. V. Baskett*

Licensed Embalmer No.....

*1817*

P. O. Address.....

*Gorin St*

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.