

APR 29 1941
Registration District No. 713

Primary Registration District No. 4425

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town WAYNESVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6.5 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pulaski 85
(c) City or town Waynesville (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.

3. (a) PRINT FULL NAME JAMES HENRY SALING
(b) If veteran, name war ✓ (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 29
year 1941 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from 3/31/41, 1941, to 3/29, 1941;
that I last saw him alive on 3/18, 1941,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife LAVONA SALING
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased SEPT 18 1859
(Month) (Day) (Year)

Immediate cause of death Carcinoma of stomach
Duration _____

8. AGE: Years 81 Months 6 Days 11
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace CALIFORNIA Mo. 0
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER
12. Name BENJAMIN SALING
13. Birthplace _____ Ky. 1
(City, town, or county) (State or foreign country)
14. Maiden name NANCY BARTLETT
15. Birthplace _____ Ky. 1
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant's own signature SAM SALING
(b) Address Swedeberg, Mo.

PHYSICIAN
Underline the cause to which death should be charged statistically

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/41
(Month) (Day) (Year)
(c) Place: burial or cremation Bradford Cem.

23. Signature C. A. Pahlert (M. D. or other) _____
Address Waynesville (Specify type of place) _____ (b) Means of injury _____

18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Waynesville, Mo.
19. (a) 3/30/41 (Date received local registrar) (b) C. A. Pahlert (Registrar's signature)

Date signed 3/30/41

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

RECEIVED

District Health Officer No. 5,

District File Number 4413-45

Date Filed _____

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.....

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.