

FILED JUN 24 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

17976

Do not use this space. 

## 1. PLACE OF DEATH

(a) County Howard, Registration District No. 378  
 (b) Township Fayette, Primary Registration District No. 4222  
 (c) or City Fayette, (d) Street No. West Davis St Registered No. 33  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Sallie F. George.

(a) Residence, No. Fayette, Missouri St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF John George  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-- 15th 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 8 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME William Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia15. MAIDEN NAME Nancy Amick16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina17. INFORMANT (ADDRESS) Mrs Raymond Crews, Fayette, Mo.18. BURIAL, CREATION OR REMOVAL PLACE Wla Nut Ridge, DATE 6-23rd 194119. FUNERAL DIRECTOR (NAME) (ADDRESS) Guy T. Halley, Fayette, Mo. 34120. FILED 6-23-41 19 Anna P. Tindall Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6--23rd 1941

22. I HEREBY CERTIFY, That I attended deceased from

5-29, 1941 to 6-22, 1941I last saw her alive on 6-22, 1941. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion  
2nd. stroke  
61  
 Other contributory causes of importance 1 1/2 yrs sun  
Diabetes (4 months)  
knowledge

Date of onset

5-29-416-23-4112-10-90Name of operation None Date ofWhat test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) W. B. Blaney, M. D.(Address) Fayette, Mo.

JUN 24 1941

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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

*Guy H. Kelley*

Licensed Embalmer No.

*2966*

P. O. Address

*Fayette 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.