

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 14 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19475

State File No.

Registration District No. 8

Primary Registration District No. 203

Registrar's No. 2029

1. PLACE OF DEATH: Benton

(a) County \_\_\_\_\_

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

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

(d) Length of stay: In hospital or institution 3 1/2 hrs.  
(Specify whether \_\_\_\_\_)

In this community 80 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Hickory

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

(d) Street No. 4 m. East Cross Timbers, Mo.  
(If rural, give location)

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

3. (a) PRINT FULL NAME John Allen Sally

3. (b) If veteran, name war none

3. (c) Social Security No. NONE

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased Aug. 6 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>9</u>	<u>8</u>	<u>XXXXXXXXXX</u> min.

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

10. Usual occupation farming

11. Industry or business farm

MOTHER FATHER { 12. Name Andrew Jackson Salley

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Lopp

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

16. (a) Informant Carrie Jenkins

(b) Address Hermitage, Mo.

17. (a) Burial (b) Date thereof May 16 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cemetry

18. (a) Signature of funeral director J.R. Luckey

(b) Address Wheatland, Mo.

19. (a) 5/17/41 (b) J.W. Logan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
year 1941 hour 6:00 minute 000 a M.

21. I hereby certify that I attended the deceased from May 13, 1941 to May 14, 1941,  
that I last saw him alive on May 14, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage Duration 12 hrs.

Due to Trauma.  
note: Hit by automobile and thrown on pavement

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations XXXXXXXX

Of autopsy XXXXXXXX

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) accident

(b) Date of occurrence May 13, 1941

(c) Where did injury occur? Fristosexa, Benton Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Federal Highway No. 65

While at work? no (Specify type of place) (e) Means of injury hit by automobile

23. Signature Lucas Salley (Name or other) DO  
Address Warsaw, Mo Date signed 5/14/41

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

RECEIVED

District Health Officer No. 7,

District File Number 6-41-949

Date Filed 6-9-41

**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

*J. P. Luckey*

Licensed Embalmer No. 2982

P. O. Address Wheatland

**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, fact should be so stated above.**