S. No. 2
—1-4-41
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PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 11 1941

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

Dr. Roseberry

State File No. 34915

Registrar's No. 825

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Bapst. Hosp. 12
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ Days (Specify whether
In this community 1½ Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County Unknown 999

(c) City or town Los Angeles 4
(If outside city or town limits, write "RURAL") 0

(d) Street No. 2013 Workman, St. 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Walter Lee Salmon

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

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 XX years

7. Birth date of deceased June (Month) 9 (Day) 1931 (Year)

8. AGE: Years 10 Months 4 Days 5 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Dewey C. Salmon
13. Birthplace Indianapolis (City, town, or county) Oklahoma (State or foreign country)

MOTHER
14. Maiden name Seattle Ballard
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Dewey C Salmon
(b) Address Los Angeles, Calif.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 14, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Dondphan, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 10-14-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1941 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from Oct. 12, 1941, to Oct. 14, 1941, that I last saw him alive on Oct. 14, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Brain concussion and shock from loss of blood, following automobile accident

Due to

Due to Collision with other motor vehicle

Other conditions ------
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Oct. 12, 1941

(c) Where did injury occur? 4 mi. w. of Halltown, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway 66 West 4 Mi. West Halltown (Specify type of place)

While at work? No (e) Means of injury

23. Signature E. C. Roseberry (M. D. or other) MD

Address 618 Woodruff Bldg. Date signed 10/15-41

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)

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