

FILED JAN 20 1942

Registration District No. 1012

Primary Registration District No. 5480

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Bethany RFD #3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Butler Twp
(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 months years, months or days

3. (a) PRINT FULL NAME Judith Agnette Salmon

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced -

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased 12 - 28 - 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 4 hr. 0 min.

9. Birthplace Bethany (Rural) Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Wm Lloyd Salmon

13. Birthplace Harrison Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Terry

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

16. (a) Informant Lloyd Salmon

(b) Address Bethany, Mo RR 3

17. (a) New Hope (b) Date thereof 12/29/41
(Burial, cremation) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director L.M. Hays

(b) Address Bethany Mo

19. (a) Dec 30 1941 (b) Mrs Woodson Reed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town (Rural) Bethany
(If outside city or town limits, write "RURAL")
(d) Street No. RR 3 (If rural, give location) Butler Twp
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1941 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from 12/29/41
19____ to 12/28/41 19____
that I last saw her alive on 12/28/41
and that death occurred on the date and hour stated above.

Immediate cause of death Premature
birth: 7 months Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 159
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr Baynard (M. D. or other) no

Address Box 88 Bethany Mo Date signed 12/29/41

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.

Not Embalmed

Signed *MS Haas*

Licensed Embalmer No. *3899*

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, fact should be so stated above.