

RECORDED MAR 13 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3003

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

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: 100 Bond St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry

(c) City or town Monett  
(If outside city or town limits, write "RURAL")

(d) Street No. 100 Bond St.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Thomas Sallee

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Nancy K. Sallee

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

7. Birth date of deceased Dec. 12 1850  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>91</u>	<u>2</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Ark. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name George B. Sallee

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

14. Maiden name Harriet Sennett

15. Birthplace Ark. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Sallee

(b) Address Erster, Mo.

17. (a) Burial (b) Date thereof Feb. 12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetary

18. (a) Signature of funeral director Blankenship

(b) Address Monett Mo.

19. (a) Feb. 12-1942 (b) Mrs Geo Hamard  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10  
year 1942 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 1941 to Feb 10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 3 weeks

Due to Chronic myocarditis ?

Due to myocardial degeneration ?

Due to bronchopneumonia

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 93d

Of operations \_\_\_\_\_

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) \_\_\_\_\_

(f) Means of injury \_\_\_\_\_

23. Signature Frank H. ... (M. D. or other) \_\_\_\_\_

Address Monett Mo. Date signed 2/11/42

RECEIVED

District Health Officer No. 6,

District File Number 342-302

Date Filed MAR 11 1942

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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 L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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, fact should be so stated above.**