

V. S. No. 2
50M-542
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26752

State File No.

FILED SEP 11 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 816

11
1
7
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: Mo Meth Hosp
(d) Length of stay: In hospital or institution 4 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town 319 So 5th St Joseph
(d) Street No. 319 So 5th
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Daniel Wesley Salsberry
(b) If veteran, name war No
(c) Social Security No

20. DATE OF DEATH: Month Aug day 19
year 1942 hour 8 minute 20 P.M.

4. Sex Male Color or race White
5. (a) Single, widowed, married divorced Married
(b) Name of husband or wife Bell
(c) Age of husband or wife if alive 69 years
7. Birth date of deceased Aug 9 1877

21. I hereby certify that I attended the deceased from Aug 17 1942 to Aug 19 1942
that I last saw him alive on Aug 19 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 0 Days 10
If less than one day hr. min.

Immediate cause of death Industrial obstruction
Due to Mental adhesion
Duration 4 da
Other conditions 177 ft
(Include pregnancy within 3 months of death)

9. Birthplace Pollock Mo
10. Usual occupation Laborer

Major findings: Adhesions of membrane to adhesions, obstruction
Of autopsy
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name Unknown
13. Birthplace Iowa
14. Maiden name Catherine
15. Birthplace Iowa

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Leo Salsberry
(b) Address R4 St Joseph Mo.
(c) Place: burial or cremation Burial
(d) Date thereof Aug 21 1942
(e) Signature of funeral director Memo Park
(f) Address 1946 Colham, St Joseph, Mo.
(g) Date received local registrar 8-21-42
(h) Registrar's signature Rose Gregory

23. Signature H. D. Kearly M.D.
Address St. Joseph Mo Date signed 8-20-42

1733

Shoes

6009

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..... *Robert H. Gable*

Licensed Embalmer No. *3308*

P. O. Address..... *St Joseph 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.