

S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27848
Registrar's No.

Registration District No. 640 Primary Registration District No. 5849

76
6
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Osage
(b) City or town Rural Crawford Twp
(c) Name of hospital or institution Linn, Mo. R. D. 1
(d) Length of stay: In hospital or institution 63 years
In this community 63 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Osage
(c) City or town Rural
(d) Street No. Linn, Mo.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Joseph Sallin
3. (b) If veteran name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 10
year 1942 hour 9 minute P.M.
21. I hereby certify that I attended the deceased from June 26 1942 to July 9 1942
that I last saw him alive on June 26 1942 and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Sarahphie Jaccourd
6. (c) Age of husband or wife at death alive dead years
7. Birth date of deceased March 13th, 1856

Immediate cause of death: Uremia
Due to Chronic Intestinal Nephritis
Due to Arteriosclerosis
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations 13/a
Of autopsy

8. AGE: Years 86 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer
11. Industry or business Farming

12. Name Martine Sallin
13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

14. Maiden name Anna Stryer
15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Schlangensteine
(b) Address Linn, Mo. R. D.

17. (a) Burial (b) Date thereof 7-13-42
(c) Place of burial or cremation Catholic Cemetery
Linn, Mo.

18. (a) Signature of funeral director Clyde Morton
(b) Address Box 144, Linn, Mo.

19. (a) Jan 13-42 (b) [Signature]
(Date received by local registrar) (Registrar's signature)

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?
(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 Norman Baldin (M. D. or other) Do.
Address Linn, Mo. Date signed 7-13-42

1286 (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..... *Vernon Morton*.....
Licensed Embalmer No. *4125*.....
P. O. Address..... *Linn*.....

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.