

FILED JAN 11 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4950

1. PLACE OF DEATH:

(a) County KANSAS

(b) City or town JACKSON

(c) Name of hospital or institution: TRINITY LUTHERAN HOSP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 DAYS
In this community 13 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Platte

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

(d) Street No. 602 N. Morse
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JAMES M. SALYER

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1942 hour 2:45 minute A M.

4. Sex M

5. Color or race wh

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

6. (b) Name of husband or wife NORA

6. (c) Age of husband or wife if alive about 70 years

7. Birth date of deceased July 30 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 18, 1942,
that I last saw in alive on Dec 30, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 5 Days 1
If less than one day hr. min.

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

Immediate cause of death:
Uremia - Dec 18 had perforated stomach caused by causes.

Due to 46B

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

10. Usual occupation Stabmer

11. Industry or business

12. Name Joseph Salyer

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

14. Maiden name Hannah Salyer

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

16. (a) Informant Mrs. Nora Salyer wife

(b) Address 602 N. Morse, Liberty, Mo.

17. (a) burial (b) Date thereof 1/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Church & Co.

(b) Address Liberty, Mo.

19. (a) Dec 31 1942 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

Major findings of operations Perforation of Stomach from Cal

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 Wm. H. Goodson (D or other)
Address Liberty Mo Date signed 1/2/42

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

STATE OF CALIFORNIA

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 with the above constitutes grounds for revocation of license.)

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