

LED MAY 11 1943

Registration District No.

Primary Registration District No. 3000

Registrar's No. 94

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:
Community Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)

In this community 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mass ⁶¹

(c) City or town Lallate ²
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME Saltmarsh, Stella

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

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

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

7. Birth date of deceased: March 10 - 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Newark Ill (City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business:

12. Name Walter C. Wright

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

14. Maiden name Ada Courtwright

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

16. (a) Informant Ruth Wright

(b) Address Lallate, Mo

17. (a) Burial (b) Date thereof April 13 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lallate

18. (a) Signature of funeral director D. A. Christie

(b) Address Lallate

19. (a) 4/15/43 (b) Mrs. J. L. Wagner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1943 hour 11 minute 54 P. M.

21. I hereby certify that I attended the deceased from March 15, 1943, to April 11, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to Cerebral Hypertension

Due to 83a

Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: No operations

Of operations No autopsy

Of autopsy No autopsy

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 9

23. Signature A. E. Pierce (M.D. or other) 9

Address 611 E. Pierce signed 4/11/43

1049

RECEIVED

District Health Officer No. 10

District File Number 5-43-828

Date Filed MAY 10 1943

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address. La Plata Md.

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.