

MAY 10 1948

Registration District No. 258

Primary Registration District No. 3017

Registrar's No. 59

1. PLACE OF DEATH:

(a) County **Cooper**
(b) City or town **Boonville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
118 2nd. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Home**
29 Years (Specify whether years, months or days)

3. (a) PRINT **John Salzman**
FULL NAME

3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color of race **White**
6. (a) Single, widowed, married, divorced, **widowed**

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

7. Birth date of deceased **April 12, 1857**
(Month) (Day) (Year)

8. AGE: Years **86** Months **0** Days **9**
If less than one day hr. min.

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

10. Usual occupation **Retired Lumerman**

11. Industry or business **Saw-Mill**

12. Name **John Salzman**

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

14. Maiden name **Unknown**

15. Birthplace **Unknown 7**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ada Williams**

(b) Address **118 2nd. St. Boonville, Mo**

17. (a) **Burial** (b) Date thereof **4-24-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Billingsville Cem**

18. (a) Signature of funeral director **L. J. Meister**

(b) Address **Boonville, Missouri**

19. (a) **Apr. 24 43** (b) **Dr. Chas. Swap**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**
(c) City or town **Boonville**
(If outside city or town limits, write "RURAL")
(d) Street No. **118 2nd. Street**
(If rural, give location)
(e) Citizen of foreign country? **Yes No** (Yes or No)
If yes, name country **Bern Switzerland- 1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **21st.**
year **1943** hour **3.15** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 15, 1943** to **April 21, 1943**
that I last saw **him** alive on **April 21st, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Intermittent Hypertension**

Due to

Due to

Other conditions **13/0**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of 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? (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 **D. G. Evans** (M. D. or other)
Address **Boonville Mo** Date signed **April 24 43**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-9-43

JUN 1 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 G. Ireland

Licensed Embalmer No. 1399

P. O. Address Higbee, 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.