

No. 2
-5-42
5-17-39
I X32873

State File No.

FILED JAN 26 1944

Registration District No. 380

Primary Registration District No. 5658

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days
(Specify whether years, months or days)

In this community 23 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

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

(d) Street No. 210 S. Walker
(If rural, give location)

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

3. (a) PRINT FULL NAME Josephine Irene Salts

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ralph Salts

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

7. Birth date of deceased March 21 1913
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>30</u>	<u>9</u>	<u>20</u>	hr. min.

9. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Utah Fox

13. Birthplace Dent County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Luderman

15. Birthplace Dent County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium, Mt. Vernon, Mo

17. (a) Removal (b) Date thereof Jan 10 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cem

18. (a) Signature of funeral director Fessett Funeral Home

(b) Address 1-2-44

19. (a) 1-2-44 (b) Audrey Campbell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th
year 1944 hour 8 minute 57 A. M.

21. I hereby certify that I attended the deceased from Dec 19th 19 43 to Jan 10 19 44
that I last saw her alive on Jan. 10 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to T.B. Peritonitis + enteritis } over 200 months

Due to

Other conditions 1381
(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) (c) Means of injury

23. Signature Charles A. Bruster (M. D. or other) M.D.

Address Mount Vernon, Mo Date signed 1-10-44

Duration 1381

Underline the cause to which death should be charged statistically.

1339

RECEIVED
District No. 101
District No. 8
District No. 144-83
Date Filed JAN 21 1944

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 Max L. Fossett
Licensed Embalmer No. 4252
P. O. Address Mt. Vernon, N.C.

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.