

FILED JUL 13 1944

State File No. ....

Registration District No. 326

Primary Registration District No. 6105

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Scotland

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether)

In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland

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

(d) Street No. Mt. Pleasant Township  
(If rural, give location)

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

3. (a) PRINT FULL NAME MARTHA E. SALISBURY

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month June day 3  
year 1944 hour 5:00 minute P. M.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife James T. Salisbury 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Sept. 9 1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 27 May 1944 to June 3 1944  
that I last saw her alive on June 3 1944  
and that death occurred on the date and hour stated above.

8. AGE: 80 Years Months 4 Days 24  
If less than one day.....hr.....min.

Immediate cause of death Cerebral Hemorrhage (Apoplexy)  
Duration.....

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

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

10. Usual occupation Housekeeper

11. Industry or business.....

MOTHER FATHER { 12. Name Silas Hunt

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

{ 14. Maiden name Mary E. Holloway

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Lela M. Harver

(b) Address Greensburg

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

17. (a) Rural (b) Date thereof June 5 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pythian Cemetery

(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?.....

18. (a) Signature of funeral director W. W. Wynn

(b) Address Memphis Mo

While at work?..... (Specify type of place)

(c) Means of injury.....

19. (a) June 9 - 1944 (b) Bernice Wilson  
Date received local registrar (Registrar's signature)

23. Signature E. E. Symmonds (M. D. or other) DO

Address Memphis Mo Date signed June 8 1944

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

1900

RECEIVED

District Health Officer No. 10

District File Number 7-44-1275

Date Filed JUL 11 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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis

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.