

FILED SEP 7 1944
749

State File No. _____
Registrar's No. 3438

Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 36 years
years, months or days)

3. (a) PRINT FULL NAME Benjamin H. Salisbury
3. (b) If veteran, name war No 3. (c) Social Security No. 486-05-0672

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Mrs. Jane Salisbury 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased September 5th 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 11 13
hr. min.

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

10. Usual occupation Pressman

11. Industry or business Kansas City Star

MOTHER FATHER
12. Name Samuel Salisbury
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jane Salisbury
(b) Address 3811 Indiana

17. (a) Removal (b) Date thereof 8-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Girard, Kansas

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd Street

19. (a) 8-21-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3811 Indiana
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th
year 1944 hour 9:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from _____, 19____;
AS PATHOLOGIST

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of the larynx
Terminal Bronchopneumonia
Due to monia

Due to _____

Other conditions 47a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy As above

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?

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Walter Greenwood (M. D. or other)
Address Pathologist, St. Joseph Hosp Date signed 8-19-44

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

48
3
8

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 Walter H. Erwin
Licensed Embalmer No. 4352
P. O. Address Kansas City, 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.