U. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1944

Registration District No. 10

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5037

State File No. 27098

Registrar's No. 111

1. PLACE OF DEATH:

(a) County: Audrain
(b) City or town: Mexico
(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): R.F.D. #1
(d) Length of stay: In hospital or institution (Specify whether years, months or days): In this community: 3 weeks

2. USUAL RESIDENCE OF DECEASED: 14

(a) State: Missouri (b) County: Callaway
(c) City or town: Williamsburg
(If outside city or town limits, write "RURAL") 0
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: George Willam Salmons

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Margarite Salmons

6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: August 2, 1871 (Month) (Day) (Year)

8. AGE: Years 72 | Months 11 | Days 29 | If less than one day: hr. min.

9. Birthplace: Madison County, Ill. (City, town, or county) (State or foreign country) /

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Eligha Salmons
13. Birthplace: Ill. (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Arthur L. Salmons
(b) Address: E. Alton, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 2, 44 (Month) (Day) (Year)
(c) Place: burial or cremation: New Hope, Callaway County Mo.

18. (a) Signature of funeral director: Earl E. Parks
(b) Address: Mexico, Mo.

19. (a) Aug 4- 1944 (Date received local registrar) (b) Margarit H Machin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 31, year: 1944 hour: 2 minute: 30 A.M.

21. I hereby certify that I attended the deceased from July 28, 1944 to July 31, 1944 that I last saw him alive on July 29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Degenerative myocarditis. — Duration: Several Years
Due to: Generalized Arteriosclerosis.
(2) General Senility
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 93d
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): None
(b) Date of occurrence: ---
(c) Where did injury occur? No Injury (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: None

23. Signature: Harry F. O'Brien (M. D. or other)
Address: Mexico, Mo. Date signed: 7/31/44

1074 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-44-1537
Date Filed SEP 8 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 Earl E. Precht, Registered Apprentice No.,

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.