

V. S. No. 2
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 Rev. 5-17-39
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34486

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED NOV 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 533

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1122 Jackson Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 20 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper 49
 (c) City or town Joplin 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1122 Jackson 5
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Walter W. Salley
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 5
 year 1944 hour 5:15 minute A M.
 21. I hereby certify that I attended the deceased from _____
 that I last saw did not see him alive alive on _____
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Frances Sallee 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 21, 1903
 (Month) (Day) (Year)

Immediate cause of death Coronary occlusion
 Duration _____
 Due to _____
 Due to 94a
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
40 11 15 _____ hr. _____ min.

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

10. Usual occupation mechanic

11. Industry or business Eagle-Picher Mng. & Smelt. Co.

12. Name Charles Salley

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

14. Maiden name Anna Swakert

15. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances Salley

(b) Address 1122 Jackson, Joplin, Missouri

17. (a) burial (b) Date thereof 11/7/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 11-5-44 (b) Gutierrez
 (Date received local registrar) (Registrar's signature)

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) _____
 (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 P. A. Webster 3
 (M. D. or other) _____
 Address Carthage, Missouri Date signed 11/5/44

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

49
 52

120

(Licensed Embalmer's Statement on Reverse Side)

44-11-924

NOV 24 1944

MAR 20 1945

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.