

FILED DEC 5 1944

Registration District No. 199

Primary Registration District No. 4311

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Callao
(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) 1
(d) Length of stay: In hospital or institution 1
In this community all his life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon
(c) City or town Callao
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

JAMES W. SALYER

3. (b) If veteran, name war ✓

3. (c) Social Security No. 41

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 13, year 1944, hour 2:00, minute 4, A.M.

21. I hereby certify that I attended the deceased from Nov 13 1944 to Nov 13 1944 that I last saw him alive on Nov 13 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Thrombosis 30 min

Duration

Due to Unknown

Due to 940

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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)
(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) Means of injury

23. Signature R. L. Dunder (M.D. or other) DO
Address Callao Mo Date signed 11/13/44

4. Sex Male 5. Color or race wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Salyer
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased (Month) 10 (Day) 27 (Year) 1872

8. AGE: Years 72 Months 0 Days 16 If less than one day hr. min.

9. Birthplace North Berwick U Mo (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John Salyer
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name America G. Adams
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Emma Salyer

(b) Address Callao Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation Callao

18. (a) Signature of funeral director H. P. Edwards

(b) Address Berwick Mo

19. (a) Nov 28, 1944 (Date received local registry) (b) W. F. Allen (Registrar's signature)

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

RECEIVED
District Health Officer No. 10
District File Number 12-44-1933
Date Filed DEC 4 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 *W. G. Edwards*

Licensed Embalmer No. *1961*

P. O. Address *Bevier, 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.