

FILED AUG 14 1945

State File No.

Registration District No.

Primary Registration District No. 3022

Registrar's No. 66

1. PLACE OF DEATH:
(a) County Le Harrison
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bethany Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)
In this community 5 Days

3. (a) PRINT FULL NAME Loren W. Salmon
(b) If veteran, name war X
(c) Social Security No. X

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Wynona Salmon
(c) Age of husband or wife if alive 51 years
7. Birth date of deceased Feb 22 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 4 9 hr. 0 min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name T. J. Salmon
13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Fanning
15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Wynona Salmon
(b) Address McFall Mo.

17. (a) Burial (b) Date thereof July 3/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation McFall, Mo

18. (a) Signature of funeral director Ed Bremer
(b) Address Pattonsburg, Mo

19. (a) July 24 1945 (b) Zola Burris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Daviess
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Benton Turn
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day I
year 1945 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 22
1945 to July 1, 1945;
that I last saw him alive on July 1, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2 yrs
Duration

Due to Accumulate Heart

Due to -

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 938
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature J. R. L... (M. D. or other)
Address Bethany, Mo Date signed 7-24-45

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

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 G. S. Gromer
Licensed Embalmer No. 2857
P. O. Address Pattonsburg, 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.)

NOTE: If this body is not embalmed, fact should be so stated above.