V. S. No. 2
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Rev 5-17-3
FILED SEP 6 1945
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26764

Registration District No. 30 Primary Registration District No. 5102 Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Benton
(b) City or town 2½ mi S. of Fristoe Fresh
(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)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2½ mi S. of Fristoe
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jeff Salsbury

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lizzie Salsbury
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Aug (Month) 1 (Day) 1874 (Year)

8. AGE: Years 70 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Benton Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm

FATHER
12. Name Cal Salsbury
13. Birthplace UNKNOWN (City, town or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Lewis
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Lizzie Salsbury
(b) Address Fristoe, Mo. RR.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation South New Home
18. (a) Signature of funeral director Reser Funeral Home
(b) Address Warsaw, Mo.
19. (a) Aug 6 45 (Date received local registrar) (b) Jas A. Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1945 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from July 1, 1945 to July 15, 1945 that I last saw him alive on July 15, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	1 hr
Due to	
Due to Cardiac Vascular Disease	2 yrs
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L A Klaxes (M. D. or other) MD
Address Urbana Mo Date signed 7/16/45

(Licensed Embalmer's Statement on Reverse Side)

65

[illegible] Number No. 7,

District File Number 8-45-848

Date Filed 9-4-45

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 Paul Leland Brown

Licensed Embalmer No. 4324

P. O. Address Warsaw, 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.