

FILED MAY 20 1946

Registration District No. _____

Primary Registration District No. 5135

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Fisk Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ASH Hill Twp. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 7yrs. 6 mo. 15 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Fisk R.l. Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Presley Saltzman

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 Lutina Saltzman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 20 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Fisk R.l. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9
13. Birthplace _____ (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant Charley Saltzman

(b) Address Fisk, Mo. R.l.

17. (a) Burial (b) Date thereof May 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vail Cemetery

18. (a) Signature of funeral director Watkins Funeral Home

(b) Address Dexter, Mo.

19. (a) 5/11/46 (b) PH Nuttall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1946 hour 8 minute 50 p.m.

21. I hereby certify that I attended the deceased from June, 1942, to May 4th, 1946
that I last saw h. l. m. alive on May 4th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Left Ventricular Failure Duration _____

Due to Double Lobar Pneumonia

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 108

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) (e) Means of injury _____

23. Signature Gordon H. Henshild (M. D. or other) SO.
Address Fisk, Mo. Date signed 5/11/46

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

14794

1/2
0
0

RECEIVED

District Health Office No. 2,

District File Number 546-628

Date Filed 5-16-46

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 Lynn Stule

Licensed Embalmer No. 2476

P. O. Address Nexter 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.