

S. No. 2
M-5-43
r. 5-17-39
p. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH OF MISSOURI
FILED AUG 27 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. 27342
Registrar's No. 3519

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2013 Montgall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2013 Montgall 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Flora Dell Sallee
3. (b) If veteran, name war. No 3. (c) Social Security No. 500-22-1484

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 8th
year 1946 hour 7 minute 25 P. M.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife James Sallee 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 13, 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 8 1946 to Aug 8 1946
that I last saw her alive on Aug 8 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
55 9 25 hr. min.

Immediate cause of death Cerebral Hemorrhage Duration _____

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

Due to Essential Hypertension

10. Usual occupation cateress

Due to _____

11. Industry or business _____

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

12. Name John Miller

Major findings: Of operations _____

13. Birthplace Bowling Green Kentucky
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Betty Youngman

Underline the cause to which death should be charged statistically.

15. Birthplace Nashville, Tennessee
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Herman Miller

(a) Accident, suicide, or homicide (specify) _____

(b) Address 1421 Branner Topeka, Kansas

(b) Date of occurrence _____

17. (a) Removal (b) Date thereof 8/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Topeka, Kansas

While at work? (Specify type of place) _____ (e) Means of injury _____

18. (a) Signature of funeral director Watkins Bros

23. Signature Lawrence S. Bishop (M. D. or other) _____
Address 2204 1/2 E 18th Date signed 8/17/46

(b) Address 1739 Lydia Avenue
19. (a) 8-14-46 (b) Alfredine Holman
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
26182

MOTHER FATHER

See reverse side

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.....

Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address. 2503 Highland

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.