

FILED JAN 7 1947

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
2416 E. 13th Street *Cons. H.*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two years
(Specify whether)

In this community Six years
(years, months or days)

3. (a) PRINT FULL NAME Ollie Jane Sallee

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife L.E. Sallee 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 28 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	5	27	9 hr. 45 min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Jerry Berry

13. Birthplace Fulton Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Octavia Smith

15. Birthplace St. Louis City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant L.E. Sallee

(b) Address 2416 E. 13th Street

17. (a) Burial (b) Date thereof 12/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chamois, Missouri

18. (a) Signature of funeral director Paul Appleton Jones

(b) Address 1905 Vine Street

19. (a) 12-27-46 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2416 E. 13th Street 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) A

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th
year 1946 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 10 1944 to DEC 25 1946
that I last saw her alive on DEC 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Death of apoplexy - 18 hrs
Duration

Due to

Due to

Other conditions Hypertension Stroke
(Include pregnancy within 3 months of death)

Major findings: Of operations 0

Of autopsy no 830

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 D.M. Miller (M. D. or other)

Address 1605 E. 18th St Date signed 12-26-46

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

MOTHER FATHER

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.....

Licensed Embalmer No. 2710

P. O. Address K. E. M. Co.

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.