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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17159

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 455

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
810 S. Hampton Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
2 Years (Specify whether years, months or days)

In this community _____
2 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME FALBERT WILLIAM SALOW

3. (b) If veteran, none name war

3. (c) Social Security No. 510-12-4970

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nettie ~~Salow~~ Salow

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased February 24, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>3</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER

12. Name William Salow

13. Birthplace unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Christina Stain

15. Birthplace unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Kent

(b) Address 810 S. Hampton Ave., Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof June 1, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Dudenville, Mo., Cemetery

18. (a) Signature of funeral director Fred G. Thieme

(b) Address Springfield, Mo.

19. (a) 6-1-47 (Date received local registrar)

(b) W. E. Handley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Greene

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

(d) Street No. 810 S. Hampton Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1947 hour 7:15 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from last 1947 to May 29, 1947
that I last saw him alive on May 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac failure few minutes

Due to Coronary insufficiency with infarct 3 mos.

Due to Arteriosclerosis Hypertension several years

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?

While at work? 0 (Specify type of place)

Means of injury 0

23. Signature Don J. Silsby (M. D. or other)

Address Springfield, Mo. Date signed 5-31-47

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.....

Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address. Springfield, 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..