No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 26888

Registrar's No. 1061

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 706 Locust St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: home (Specify whether years, months or days)
In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph, Mo. (If outside city or town limits, write "RURAL")
(d) Street No.: 706 Locust St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Elizabeth Marie Salvadore
3. (b) If veteran, name war: no
3. (c) Social Security No.: 500-07-6024
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widow
6. (b) Name of husband or wife: Frank
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May 2 1876 (Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 24 If less than one day hr. min.

9. Birthplace: Baxter Springs, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: home
MOTHER FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Emma Armstrong
(b) Address: 706 Locust St, St. Joseph, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Baxter Springs, Kansas
18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.
19. (a) 9-4-47 (Date received local registrar) (b) H. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26 year 1947 hour 1 minute P M.
21. I hereby certify that I attended the deceased from Aug 23 1947 to Aug 23 1947; that I last saw her alive on Aug 23 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metral Stenosis	
Due to:	
Due to:	
Other conditions: Oedema gr. (Include pregnancy within 3 months of death)	2 mo.

PHYSICIAN — Underline the cause of which death should be charged statistically.

Major findings:
Of operations:
Of autopsy: GB

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: [illegible] (M. D. or other)
Address: 620 Hyde St. St. Joseph Mo. Date signed 8/27/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on 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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St. Joseph 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.