. 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

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30371

FILED OCT 4 1947

Registration District No. 3947 Primary Registration District No. 5120 Registrar's No. 254

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia R.F.D. 4
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Boone 10
(c) City or town Columbia 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.F.D. # 4 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jane Sallee
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F. 3
5. Color or race Colored
6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7 (Month) 12 (Day) 47 (Year)

8. AGE: Years | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace Boone Co Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Child
11. Industry or business
FATHER
12. Name Olie J. Sallee
13. Birthplace Callaway Co. Mo 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emma Morman
15. Birthplace Boone Co Mo 0
(City, town, or county) (State or foreign country)
16. (a) Informant Olie J. Sallee
(b) Address R.F.D. # 4 Columbia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 23 47 (Month) (Day) (Year)
(c) Place: burial or cremation Log Providence
18. (a) Signature of funeral director A. C. Freeman Co
(b) Address 608 Park Ave Columbia
19. (a) 9-25-47 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature) 21

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 22
year 1947 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased ~~from~~ at birth 7-12-1947, to 19
that I last saw h alive on 7-12-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Smothered
Went to dump, tumbled
over on her face
Due to & smothered
Due to No
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations No 18 16
Of autopsy

Duration

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

22. If death was due to external causes, fill in the following: 10
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence No
(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? No (Specify type of place)
While at work? (e) Means of injury 0
23. Signature W. D. Dysart (M. D. or other) M.D.
Address Columbia Mo Date signed 9-24-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 10-3-47
Date Filed

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.....

P. O. Address.....

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.