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 DEC 29 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

40973

State File No.

Registrar's No. 1504

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community Lifetime.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1004 Randolph St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Eugene Salmons

3. (b) If veteran, name war No ne

3. (c) Social Security No. 491-09-5187

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Marri ed

6. (b) Name of husband or wife Alice H. Salmons

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased January (Month) 9 (Day) 1898 (Year)

8. AGE: Years 49 Months 11 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Stationary Engineer

11. Industry or business Glazier Provisions Co.

FATHER
12. Name James Salmons
13. Birthplace Andrew Countym (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ida Pfluger
15. Birthplace Brunswick (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Alice H. Salmons

(b) Address 1004 Randolph St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 12-26-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 242

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20th year 1947 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from 10-10-47, 19..., to 12-20-47, 19...; that I last saw him alive on 12-20-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hepatic Insufficiency	1 yr.
Due to Cirrhosis of Liver	1 year.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 J. F. Chiarottino (M. D. ~~or other~~)

Address Doctors Bldg Date signed 12-22-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

FEB 6 1940

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 Albert C. Harrington

Licensed Embalmer No. 3258 Missouri

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.