FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42432

FILED JAN 16 1948

Registration District No. 8 — Primary Registration District No. 415 — Registrar's No. 31

1. PLACE OF DEATH:
(a) County: Crawford
(b) City or town: Steelville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 45 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CRAWFORD
(c) City or town: STEELVILLE MO
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: CLAUDE SETTLE SALTSMAN
3. (b) If veteran, name war: No
3. (c) Social Security No. .....

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: D
6. (b) Name of ~~husband or wife~~: Single
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: December (Month) 12 (Day) 1895 (Year)

8. AGE: Years 53 | Months | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace: OLD MINES - MO (City, town, or county) (State or foreign country)
10. Usual occupation: MAGESTRATE JUDGE
11. Industry or business .....

FATHER
12. Name: T. HOMAS SALTSMAN
13. Birthplace: DONT KNOW (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: FANNIE SETTLE
15. Birthplace: WASHINGTON COUNTY - MO (City, town, or county) (State or foreign country)

16. (a) Informant: T. R SALTSMAN
(b) Address: STEELVILLE MO
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 12/20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: STEELVILLE MO
18. (a) Signature of funeral director: L. T. JOHNSON SON
(b) Address: STEELVILLE MO
19. (a) 1-8-49 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18 year 1948 hour 12:30 PM minute ..... M.
21. I hereby certify that I attended the deceased from Jan 1, 1948, to 12-18 1948, that I last saw him alive on 12-18, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 hrs
Due to: Bronchial Asthma	14 years
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? ..... While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature: R. L. Parker (M. D. or other)
Address: Steelville Mo Date signed 1-4

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

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

RECEIVED 1-13-49
District Health Officer No. 5,
District File Number 14937
Date Filed 1-13-49

JAN 20 1949

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 Harry M J Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Harry M Jones

Licensed Embalmer No. 2628

P. O. Address Steckville Md

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.