

Registration District No. \_\_\_\_\_

Primary Registration District No. **3001**

Registrar's No. **147**

**JUL 17 1940**

1. PLACE OF DEATH:

(a) County **Adair**  
(b) City or town **Kirksville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
**516 N. Main**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **10 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Adair**  
**0**  
(c) City or town **Kirksville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **516 N. Main**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **58 years** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12**  
year **1940** hour **7:45** minute **P. M.**

21. I hereby certify that I attended the deceased from **March 12** 19**39** to **June 12** 19**40**  
that I last saw her alive on **June 12** 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cancer of stomach 1 yr**

Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_ **46**

Other conditions: **none**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: **none**  
Of autopsy: **none**

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? \_\_\_\_\_

3 While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **E. V. Davis M.D.** (M.D. or other)  
Address **Kirksville** Date signed **6/16/40**

3. (a) PRINT FULL NAME **Catherine Salisbury 421**  
8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Hugh Salisbury** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **September 16, 1865**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**74** **8** **26** hr. \_\_\_\_\_ min.

9. Birthplace **Abershoson Mont. N. Wales 4**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife 4**

11. Industry or business **HOME 4**

12. Name **John Evans 4**

13. Birthplace **DK N. Wales**  
(City, town, or county) (State or foreign country)

14. Maiden name **Eleanor DK**  
15. Birthplace **DK N. Wales**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Dave Salisbury**  
(b) Address **Basin Missouri**

17. (a) **Burial** (b) Date thereof **6-14-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bevier, Missouri**

18. (a) Signature of funeral director **Davis Funeral Home**  
(b) Address **Kirksville, Missouri**

19. (a) **June 17/40** (b) **Spencer L. Freeman**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 7-40-1451

Date Filed JUL 15 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

*Harold N. Miga*

Licensed Embalmer No. 4076

P. O. Address

*Firksville*

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, above space should be left blank.